

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

**1A-2. Collaborative Applicant Name:** Sonoma County Community Development Commission

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Sonoma County Community Development Commission

## 1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
10.	Law Enforcement	Yes	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	No	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Nonexistent	No	No
24.	State Sexual Assault Coalition	Nonexistent	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veterans Affairs (VA)/Veterans Organizations	Yes	Yes	Yes
35.	Federally Qualified Health Centers	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1.COC INVITATION Applications for CoC membership are open year-round, including general & voting membership. Membership Applications are provided in a transparent invitation process: information is located on the CoC website, members of the public are invited to join via listserv, local government/elected officials, through in-person peer to peer outreach, & through the Lived Experience Advisory Planning Board (LEAP). CoC formally invites new members a min. of 4x per year to attend Quarterly membership meetings & via special outreach to MONTHLY community meetings across the CoC's geography, w/ a focus on rural/underserved communities. Invitations are listed in email communications/CoC website, & members are notified by email/at membership meetings of all CoC's open Board/committees. CoC Coordinator in partnership w/ local advocacy groups, outreach/healthcare providers, and the LEAP provides info on all CoC's meetings to encourage individuals w/ lived experience to attend. 2.COMMUNICATION INDIVIDUALS W/ DISABILITIES All CoC meeting documents are remediated in accordance w/ ADA standards, published online in PDF/word/excel in accordance w/ Website Content Accessibility Guidelines, & interpretation is available upon request. The CoC uses the Section 508 standards and WCAG 2.1, Level AA as guidelines for pages w/in our website. Website used for our CoC converts English to another language using Google™ Translate, providing an automated translation of the content. 3.CoC INVITES organizations and has members serving culturally specific communities experiencing homelessness in the geographic area to address equity. CoC sends invitations via email to partner organizations serving culturally specific individuals w/ lived experience w/ email listservs, including local healthcare collaboratives, local tribal partners, orgs serving and/or lead by LGBTQ+, educational partners, disability advocacy orgs, & private funders. CoC participated in a Racial Equity Regional Action Lab w/ Bay Area communities, lived experience reps, BIOPC individuals & health care orgs from Oct 2020-April 2021. In 2022, CoC Staff were invited to and were trained on historical trauma, lateral violence and the challenges tribal communities face when developing and delivering culturally grounded programs and services. The CoC continues to invite orgs serving culturally specific communities to become members and participate in activities to enhance our system of care and address equity.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1.SOLICITS AND CONSIDERS OPINIONS CoC engages over 35-member organizations (nonprofits/philanthropy/local government/FQHCs/etc) and community members with lived experience of homelessness (LEH) via quarterly membership meetings, monthly committee/CoC Board meetings to solicit opinions. CoC meetings are open public meetings, feedback is encouraged via public comment. Specialized community staff/LEH are invited to attend CoC Board/committee meetings to inform local policy & decision making. CoC Staff attend homeless advocacy /local City Council/Board of Supervisors/general public meetings. Local outreach is conducted to solicit feedback/invite new individuals/orgs/LEH interested in ending/preventing homelessness.

2.COMMUNICATING INFORMATION CoC staff maintain a public listserv/website where all CoC open meetings are publicly noticed and posted. Website/listserv include meeting location, login info, meeting materials, minutes, & opportunity to provide opinions/feedback (via public comment/written feedback). Information is presented in a jargon-free manner to support data driven decision making, including providing high level executive summaries of complex/lengthy materials. CoC Board meetings & committee meetings include public comment. CoC Board & all committees include individuals w/ lived experience of homelessness, nonprofits, local government, health care orgs, & local advocacy groups.

3.INFORMATION GATHERED/CONSIDERED CoC provided public presentations on HUD SPM, held multiple public meetings on funding decisions, including Homeless Housing, Assistance and Prevention (HHAP) Grant Program, Emergency Housing Vouchers, CoC Program, & Emergency Solutions Grants – CARES Act (ESG-CV), for public input. The CoC is in the final stages of a Strategic Plan; these efforts were done in collaboration with local regional partners, elected officials, providers, advocates, and individuals with LEH to ensure needs of each community were heard in an open public meeting. In addition, the strategic planning efforts also included direct feedback on needs/experiences from the 14 member Lived Experience Advisory Planning (LEAP) Board. Public comment provided is taken into consideration via CoC Board/committee meetings prior to making final decisions. A newly adopted policy based on feedback from providers/those with LEH now requires all committees to have at least one member with lived experience on each committee and stipends are provided.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

**(limit 2,500 characters)**

1. NEW ORGANIZATIONS: CoC Coordinator encouraged orgs not previously funded by the CoC to apply for funding, particularly those serving underserved populations/communities. Agencies new to CoC funding attended the CoC NOFO Bidder's Conference (BC) & received 1:1 technical assistance (TA) from CoC Coordinator. The CoC held multiple public meetings, encouraging new agencies to attend the BC, and requested interested agencies contact the CoC Coordinator. Several new providers attended BC, including SAVS, Shelter Inc., The Living Room, Dry Creek Rancheria Band of Pomo Indians, and SHARE Sonoma County. After attending the TA sessions and Bidders Conference, none of these organizations confirmed they would apply due to capacity issues, Housing First and Coordinated Entry requirements.

2. Local CoC RFP was released on 8/11/22. Notification of an open application and process for submission was posted on CoC website/noticed widely via provider/CoC listservs, Press Democrat newspaper, & during CoC public meetings; included eligible project types, local timeline, application information, submissions, project scoring, HUD Priorities, an open Bidder's conference (8/15/22) rating/ranking/approval process, & e-snaps technical assistance for new applicants to learn about the CoC Program.

3. CoC notified the public on project determination guidelines for HUD submission in the local RFP, during the Mandatory new project BC, in the CoCs open public meetings, and during TA Sessions. These included HUD priorities, system needs, scoring, project selection of the evaluation committee and formal approval of the CoC Board for all renewal and new projects. Additional determination guidelines include alignment w/ HUD SPM and measurable outcomes such as increasing income/exits to permanent housing, Housing First/low barriers, agency capacity/cost effectiveness, & alignment w/ local preferences, experience managing federal grants, financial audit reviews, Coordinated Entry requirements, internal lived experience feedback process with final approval from CoC Board.

4. COMMUNICATION Local RFP was posted in accessible, remediated format online & noticed via listservs to the public/local agencies for those with disabilities. Invitations/communications were remediated in accordance with ADA standards & published/noticed electronically & online in PDF in accordance with Website Content Accessibility Guidelines.

## 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Veterans Organizations	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. CONSULTING ESG/CoC: In addition to being the CoC Lead Agency, the Sonoma County Community Development Commission (SCCDC) is the local ESG recipient and the Administrative Entity of State and federal ESG. In FY 20/21 the CoC developed an ESG-CV Funding and Evaluation workgroup which included the CoC Coordinator & the Homeless Services Manager and select members of the CoC Board member. Comprised of local government officials, those with lived experience and the county's Human Services Department, the group was responsible for the planning and recommended allocations of State ESG-CV funds to the CoC Board. Federal ESG-CV funds were disseminated by the Urban County with consultation with HUD entitlement jurisdictions and CoC staff. Decisions for PLANNING and ALLOCATING ESG funding were reviewed based on Health Performance Measures, & monitoring/review of Annual Performance Reports for ESG subrecipients. ESG-CV funds were utilized to support individuals in non-congregate shelters at risk of COVID-19 as well as support for congregate shelters and rapid rehousing paired with Emergency Housing Vouchers.

2. EVALUATION and REPORTING: The CoC ESG-CV Work Group and the CoCs newly developed Funding and Evaluation Committee comprised of CoC Board members, local government officials, lived experience members, and CoC/ESG Lead Agency Staff, rank/evaluate all ESG projects and provide recommendations to the CoC board for final approval. CoC/ESG staff provide guidance on compliance with Housing First policies, local Coordinated Entry (CE) policy and procedures, including accepting referrals from CE for both RRH & ES, review project performance via HUD system performance measures, cost effectiveness, and identify gaps within current programs when making determinations for funding.

3. PIT/HIC Data: The CoC provided PIT/HIC data to both Con Plan jurisdictions (Santa Rosa and Petaluma) as well as the Urban County in FY 2021-22.

4. CONSOLIDATED PLAN UPDATES: The CoC provides HIC/PIT data to all 3 Con Plan jurisdictions: the City of Petaluma, the City of Santa Rosa, and the Urban County. The CoC provides additional data to Con Plan jurisdictions including HUD SPM and project level reports from HMIS for agencies in Con Plan jurisdictions to address homelessness within the CoCs geographic region. CoC Lead Agency staff provides input into & reviews annual Con Plan updates for issues related to homelessness.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	All CoC/ESG recipients of the CoC are required to serve families based on their self-reported sexual orientation/gender identity	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

FORMAL PARTNERSHIPS A) Sonoma County Office of Education (SCOE) is the LEA & the Foster Youth Liaison (FYL) represents SCOE as the primary contact for all MCKV Liaisons, is the primary conduit for the CoC into all 43 SCHOOL DISTRICTS in the CoC's geography & the primary connection for the CoC to the SEA. CoC has a written agreement w/ the LEA extending to all school districts & includes data sharing for students/families experiencing homelessness. SCOE is a formal voting member of the CoC & actively votes during CoC Board elections. FYL contributes subject matter expertise on how projects engage youth/families & participates in various CoC Ad Hoc Committees for project evaluation. CoC has reserved youth provider seats (Social Advocates for Youth (SAY) as the LEA in working groups such as the Coordinated Entry Advisory Committee & HMIS Data Committee. B) CoC has a written agreement w/ SAY as a youth education provider (YEP), they receive HUD funding & provide counseling/family therapy for 0-25yrs. C) CoC has a written agreement w/ Catholic Charities, HUD funded, that has formal partnerships/provides referrals for First 5 and Youth & Family Services childcare (0-5yrs), Headstart & works closely w/ the school liaisons. C) YWCA, HUD funded, provides a therapeutic preschool for 3-5yrs & is the CoC's only preschool providing onsite therapy to this age group.

COLLABORATION/POLICIES: CoC collaborates w/ LEA/YEPs in the following ways: A) FYL/CoC Coordinator hold annual planning meetings for the PIT Count for all school districts & hold trainings for MCKV liaisons to identify youth/families in the PIT Count. B) LEA/CoC collect data from school districts to identify homeless youth/families on the night of the count. C) FYL co-chairs the Homeless Youth Task Force & develops annual Homeless Youth Needs Assessment w/ input from youth/YEPs/other MCKV liaisons.

D) LEA/YEPs (SAY/Conservation Corps) hold trainings for CoC Member agencies on eligibility for educational services available from YEPs. E) FYL meets monthly w/ CoC Staff, more often during the lead-up to the PIT count, & CoC works w/ school districts in need of assistance for homeless families.

F) CoC Board has adopted/incorporated the following policies into its charter: ensure project participants have access to educational services, all children are enrolled in school & providers are required to refer families to MCKV Liaisons for compliance issues. G) County's Family Youth & Children's Center serves as a CES Access site w/ MOU.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC's policies for ensuring project participants have access to educational services and all children are enrolled in school were adopted by the CoC Board in 2014 and are incorporated into written program standards under the oversight of the Continuum of Care Board. These include: requiring providers to inform families/unaccompanied youth of their rights; requiring providers to inform clients of additional services such as parent education and early childhood education programs (on-site if possible); requiring providers who serve families with children to contact their school district's homeless liaison in order to keep the child in the most appropriate school setting; and requiring that every child is enrolled in school via coordination with the MKV Homeless Liaisons and Foster Youth Liaison (FYL) with the Sonoma County Office of Education (SCOE). The CoC requires providers to refer families with children to the MKV Liaison for compliance issues. The SCOE FYL works with providers to ensure that MKV posters informing families of their rights are posted at all CoC/ESG funded facilities; the FYL offers training/consultation on an as-needed basis to CoC/ESG projects. In FY21, the CoC Coordinator and FYL provided 2 presentations on community-based resources for homeless families that were open to all school districts as well as local and SEA partners. Education coordinators with CoC/ESG agencies submit referrals to the SCOE FYL to support parents and unaccompanied youth in connecting with school programs and strengthen the lines of communication with school staff. Program staff also work directly with the MKV Liaisons for the school districts in which housing/homeless services are provided in order to identify homeless youth eligible for services, making school districts aware when there is a student in need of MKV transportation support and/or free/reduced lunch.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1. Our CoC regularly collaborates to update COC-WIDE POLICIES with organizations providing housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking. The YWCA, Sonoma County's VSP, provides feedback to all policies within our CoC that relates to the safety of individuals seeking services who are experiencing DV situations. Collaboration on specific policies include the recently updated CoC's Emergency Transfer Plan-ETP (included within the CES policies and Procedures, as well as ETPs in all the CoCs Program Standards); enrolling de-identified clients into the HMIS System; utilizing a comparable data base system for survivors (project level as well as CES comparable data base); and resources for providers to share with their clients in need/seeking services. The CoC's primary VSP provider, YWCA, is a voting member of the CoC.

2. The CoC collaborates with organizations to ensure all housing and services provided in the CoC are trauma-informed/survivor driven advocacy and can meet the needs of survivors. This is done in partnership with the YWCA, the County's primary victim service provider, and local policies are created for the protection of these individuals. The YWCA provides annual trainings to our providers and coordinated entry staff. Training topics include definitions of domestic violence and statistics, types of abuse, dynamics of domestic violence, dynamics of power and control, barriers individuals face when leaving/attempting to leave, safety planning, legal protections (e.g. Violence Against Women Act (VAWA) & Family Violence Prevention & Services Act (FVPSA), impacts of trauma, and how to work with survivors (including what to say/do and what not to do/say). In addition to annual trainings, the YWCA provides direct contact information for all providers/clients who have any questions on resources available with the community, safety concerns, emergency placements outside of the county through VSP, etc.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	

- |    |   |
|----|---|
| 2. | Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually). |
|----|---|

(limit 2,500 characters)

1. Domestic violence TRAINING is provided on an annual basis at CoC Quarterly Membership Meetings to all COC/ESG STAFF by the YWCA, the CoC's primary Victims Service Provider (VSP). All CoC/ESG/Locally funded projects are required to attend annual trainings on best practices/planning protocols for victims of domestic violence, Dating Violence, Sexual Assault, & Stalking Survivors. The 2022 training took place on 7/22/2022 and was recorded/posted on the CoC website for providers who were unable to attend. Topics included: definitions of DV/Statistics, Dynamics of DV, barriers to leaving, and working with Survivors (legal protections/Best Practices & Safety), best practices in serving survivors of DV such as, trauma-informed care w/a victim-centered approach, motivational interviewing, emergency transfer planning (ETP), and cultural competency/confidentiality/employment protections for survivors of DV. Flyers/business cards are distributed throughout the CoC and materials are easily accessible to clients/providers. The YWCA operates a 24/7 hotline for individuals seeking services and can be used by providers when assessing the needs of a client for general safety planning or can be used by the client to call directly for services.

2. Coordinated Entry (CE) STAFF TRAINING was provided via the annual Quarterly Membership training by the YWCA VSP on 07/22/2022. Training covered best practices/planning & Safety protocols for victims of domestic violence. Biweekly meetings occur between CE/YWCA/Family Justice Center (FJC) to discuss confidential referrals (including VSP orgs) & safety protocols. All CE staff are required to attend the annual training on safety/planning protocols for survivors of DV. Safety planning protocols for CE were developed by the CoC Safety/DV Committee, and recently revised in Program Standards/CES policies and Procedures in 2022. A centralized access point for victims of DV is operated by the FJC & the YWCA has created a comparable CE data base, outside of HMIS to provide a secure/confidential form of CE enrollment marketed CoC-wide to survivors of DV. CES works directly w/ the FJC & the YWCA, ensuring specialized cases are accessing the appropriate level of confidential resources/support. CES staff also work directly w/ VSP's for Emergency Transfer Plans for CoC/ESG projects. The CoC recently updated its Program Standards and CE policies and procedures which include robust ETPs for individuals who require a transfer for safety.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
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NOFO Section VII.B.1.e.
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Describe in the field below:
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- |    |  |
|----|--|
| 1. | the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and                                      |
| 2. | how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness. |

(limit 2,500 characters)

1.The CoC uses de-identified aggregate data sources for the collection of data on survivors of domestic violence (DV), dating violence, sexual assault, and stalking. Data sources include: A) De-identified data from the YWCAs comparable data base, the CoCs primary victims service provider; B) The CoC's Homeless Management Information System (HMIS) in which survivors are enrolled in a de-identified manner with assigned codes; C) Verity, sexual violence provider; D) The District Attorney's Office Family Justice Center; & E) The CoC's annual homeless Point in Time Count (PIT) survey results. PIT statistics collected include peer-administered survey data on prevalence of survivors and DV. De-identified aggregate data collected within these programs allow the CoC to focus on overall trends/needs in reports for survivors.

2.DE-IDENTIFIED DATA provided by the YWCA/HMIS/PIT is used to evaluate how to best meet the specialized needs related to DV & homelessness. CoC determined gaps of assistance for survivors & was awarded CoC DV bonus in 2018 & 2019. FY18 data reflected a need for a dedicated project to quickly move victims into housing. FY19 data reflected a need for a Housing Locator via expansion of the DV Bonus to decrease the length of time survivors were homeless & searching for housing. YWCAs comparable database is the same HMIS vendor/platform utilized by the CoC and allows the provider to pull data aligned with the CoC's HMIS in a de-identified aggregated method for evaluation. This includes tracking outcomes, accomplishments, and gaps. Evaluation of needs led to the development of the YWCAs comparable CE to provide a more secure/trusted form of enrollment via VSP to reduce trauma, allowing the survivor seeking services to work solely with the VSP to obtain housing. 2022 Point in Time Count Data reflects a reduction from 39% in 2020 to 22% of those reporting histories of DV. This is the lowest percentage reported in the last 6 years and is likely tied to increased services through the CoCs DV bonus projects/enhanced programming by VSPs provided within the CoC. According to HMIS data in 2019, 35% of clients who identified as being victims of DV exited to permanent housing, with increases of 45% in 2020 and 63% in 2022.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1. CoC's Emergency Transfer Plan (ETP) policies & procedures are outlined within the CoC's Program Standards by project type & Coordinated Entry (CE) policies/procedures. A client qualifies after requesting interest for an ETP if they are a survivor of domestic violence, dating violence, sexual assault, human trafficking, assault, or stalking and believe there is a threat of threat of imminent harm of further violence remaining in the same dwelling. Depending on project type & agency, there are detailed options about how to complete an internal transfer w/in the providers own projects, & how to complete an external transfer to another agency. All ETP options include the prioritization of safety for placement as quickly as possible & prioritized via the CES. Also included are resources to be provided immediately upon starting ET process, record keeping requirements, & confidentiality protection measures.

2. CoC's emergency transfer (ET) plans are utilized by the primary victim services provider, the YWCA, CoC/ESG projects, & CES. Individuals in all project types for CoC/ESG programs can request ET at any time in their stay in the project. This is initiated by working w/ the provider, contacting CE, and/or the YWCA. For internal ET's, the program takes steps to immediately transfer the client to a safe unit if available or assist in locating more suitable housing. If an external ET is required, they are prioritized via CE over all other referrals for the next available housing opportunity within the same program model, provided the participant meets all eligibility criteria. The participant retains their original homeless status for purposes of the transfer. To qualify for ET, the individual reports they are a survivor, requests interest in the ET, and believes they are in a situation in which there is imminent risk of further violence. Clients are simultaneously referred to crisis intervention services by contacting the 24hr crisis hotlines with YWCA/Verity and in-person at the Family Justice Center (FJC) with the County's District Attorney's office. DV Advocates (DVA) deliver trauma informed/victim centered voluntary services in a nonjudgmental manner; services are determined by the survivor & offered w/ a strengths-based approach focused on safety planning. YWCA also operates a confidential Safe House & DVA discuss options for ET with the survivor & out of county referrals to DV ES, and/or temporary motel stays while other alternatives are considered.

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1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

The CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to ALL of the HOUSING and SERVICES available within the CoC's geographic area. This is done by:

- 1) Specialized Coordinated Entry Case conferencing with Victim Services Providers (VSP) and Coordinated Entry (CE) Operator. Case conferencing discusses referrals to ALL CE housing options available to those experiencing homelessness, not just projects dedicated to survivors. Referrals are prioritized and sent in coordination with the VSP comparable CE database, HMIS CES de-identified enrollments, & general CE enrollments if the individual meets eligibility for the project and is prioritized via local CES policies and procedures.
- 2) Emergency Transfer Plan policies within CES/CoC Program Standards prioritizing those needing of transfer for safety to the next available housing/shelter opportunity. This is available for ALL HOMELESS PROJECT types, not just those providing services to survivors. This can be done at an internal agency level, CES external agency level, and through VSP referral outside of the CoC if needed.
- 3) Work closely with the CoC's VSP to determine any gaps or additional needs to adjust policies and practices to better serve this population.
- 4) Ensure VSPs are familiar with services/housing resources within the community to ensure survivors have direct information on resources within the CoC.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:

1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1.CoCs Coordinated Entry(CE) safety protocols to address the Needs of Domestic Violence, Dating Violence, Sexual Assault, & Stalking Survivors includes the following: A) Annual training by primary VSP provider on trauma-informed/client centered care & protections; B) Review of any policy/procedure related to serving survivors through the primary VSP prior to approval; C) CE assessment process step, "Crisis Navigation and Connection" which includes the assessment of immediate safety concerns; D) Emergency transfer plans for each project type, which includes the prioritization of immediate placement via CES for the individual requesting the transfer once available; E) Direct referrals for individual safety plans & Safe House placement in an undisclosed location via 24/7 VSP; F) CE policy requiring the Operator to locate an alternative meeting space if there are privacy/safety concerns for assessment; G)CE Operator provides "Safety in Assessment Practices" and "Safety Planning" training to all CE users on a quarterly basis.

2.CE Planning protocols to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, & Stalking Survivors include: A) review of aggregate data to identify accomplishments and/or gaps in services; B) consult w/ the YWCA VSP, Family Justice Center (operated by the District Attorney's Office, Victim Services Division), and/or verify sexual assault provider for policy/procedure development as it relates to the protections/unique needs of survivors; C)ensuring VSP staff participate in CoC meetings, inform decision making, including funding decisions, as it relates to survivors.

3.CE Confidentially protocols to address the needs of survivors include the following: A) HMIS End-user privacy & security training; B) Protocols for assigning a standardized code for the HMIS record/using null values to identify information enabling the record to be created/prioritized for all housing opportunities; C) CE policy prohibiting staff of entering case notes related to DV situation; D) CE Comparable database operated by the YWCA VSP; E) Secured storage for files; F) Confidential assessments located in private/secure settings; G) Specialized referral process outside of the typical case conferencing for DV/VSP programs. Including in person communications and/or secured telephone between CE operator and VSP, thus no information is transmitted in HMIS or electronically; H) Annual training provided on Violence Against Women Act(VAWA) guidelines

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. Our CoC UPDATED CoC-wide ANTI-DISCRIMINATION POLICY within the governance charter in December of 2021. Charter revisions were based on stakeholder feedback, & the CoC will review the policy during its annual charter review in December of 2022 if any additional revisions are needed. Anti-discrimination policies are incorporated in the CoC's HMIS Policies & Procedures, Coordinated Entry Policies & Procedures, & CoCs Program Standards.

2. The CoC Lead agency holds an annual training on HUDs Equal Access Final Rule (EAFR) & the Gender Identify Final Rule (GIFR). The CoC held its training in October's 2021 Quarterly Membership meeting & the next one is scheduled in October of 2022. Providers are noticed widely to attend the training & front-line staff participation is highly recommended. The training is also recorded and available on our website for providers who were unable to attend the training. Training assists providers w/ the requirements to ensure their anti-discrimination policies are consistent w/ CoC-wide policies & certify LGBTQ+ individuals/families receive services/shelter/housing FREE from DISCRIMINATION.

3. CoC EVALUATES CoC projects internal policies during the annual CoC Competition for funding. CoC Lead Agency staff review provider level anti-discrimination policies to ensure compliance w/ HUDs EAFR & GIFR. CoC policies requires members, officers, committee members & contractors of the CoC are selected entirely on a nondiscriminatory basis with respect to race, color, national origin/citizenship status, age, disability (physical/mental), religion, sex, sexual orientation or identity, genetic information, HIV/AIDS, medical conditions, political activities or affiliations, military or veteran status, status as a victim of domestic violence, assault/stalking, or any other federal, state or locally protected group.

4. The CoC reviews project level discrimination policies during the annual competition. If there is an issue related to noncompliance w/ anti-discrimination policies, the CoC Lead Agency will work w/ the provider on a Corrective Action Plan as recommended by the CoC Board. If a compliance issue is found in violation of HUDs EAFR & GIFR, provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, or Titles II and III of the Americans w/ Disabilities Act, the CoC Lead Agency will report the issue to the local HUD Field Office to work on a resolut

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Sonoma County Housing Authority	23%	Yes-HCV	Yes
City of Santa Rosa Housing Authority	63%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. STEPS TAKEN by the CoC and the TWO LARGEST PHAs for HOMELESS ADMISSION PREFERENCE: The Sonoma County Housing Authority (SCHA) is housed within the CoC Lead Agency, Sonoma County Community Development Commission and is actively engaged with CoC efforts. The CoC also partners with the Santa Rosa Housing Authority (SRHA) who also actively engaged with CoC efforts. CoC staff and SCHA/SRHA Public Housing Authority (PHA) staff meet on a weekly basis for coordination efforts, with a focus on increasing homeless admissions in the PHA via Coordinated Entry (CE) set-aside vouchers, Move-On vouchers, Mainstream vouchers, and Emergency Housing vouchers (EHV). Both the SCHA and SRHA in the CoC's geographic area have written policies on and have adopted HOMELESS ADMISSION PREFERENCES. SCHA has a super preference for approximately 30 vouchers for families/individuals engaged in homeless assistance programs and/or initiatives within the County of Sonoma. These vouchers are issued based on referrals from the Coordinated Entry System for agencies that have adopted a Housing First approach and are participating in CE. Additionally, SCHA has 231 Mainstream vouchers dedicated to individuals experiencing homelessness, 15 VASH vouchers, and 153 EHV's dedicated to homeless/at-risk of homeless. SRHA established a Limited Preference in 2017 for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa (24 vouchers); these are also based on referrals from agencies participating in the CoC and CE that have adopted a Housing First approach. In addition, SRHA has 414 VASH vouchers, and 131 EHV's dedicated to homeless/at-risk of homeless. CoC and PHA staff (Sonoma County and Santa Rosa PHAs) collaborate to streamline the process for vouchers dedicated to individuals experiencing homelessness, and the EHV process to ensure EHV's are issued efficiently. The CoC offers SCHA and SRHA support with its CoC projects (including review of APRs), coordination of referrals to EHV, and offers support to both PHAs, connecting with homeless programs for referrals. The CoC has a formal written agreement with both PHAs to prioritize EHV's and track outcomes.

2. Question is not applicable, the CoC actively works with the two local PHAs on a regular basis.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
		No

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Homekey, Department of Housing and Community Development

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored-For Information Only	

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?
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Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.
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<b>PHA</b>
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Sonoma County Hou...
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City of Santa Ros...
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## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** Sonoma County Housing Authority

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** City of Santa Rosa Housing Authority

## 1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	13
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	11
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	85%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. HOUSING FIRST (HF) is included within the CoC PROJECT EVALUATIONS for new and renewal projects. CoC Applicants are required to submit a supplemental questionnaire for HF & complete the HUD HF Assessment Tool. Agencies provide project/agency information on how they adhere to the HF model by ensuring the following factors are not PRECONDITIONS of services. This includes a site visit with an in-depth review of leases, program rules, agency policies (grievance/appeals process), etc.

2. EVALUATION FACTORS & PERFORMANCE INDICATORS include the exclusion of background checks, sobriety requirements, mental health evaluation prior to tenancy, income requirements, requiring supportive services participation, lights out/curfews, & requirements outside of a standard lease. If projects have an agreement that supersedes any of the HF requirements, the agency submits additional information for evaluation purposes. CoC Coordinator & Committee review project design as it relates to the separation of case management & property management. Agencies detail how their projects are participant-driven, ensuring participants guide their own service plans. Additional points are given to providers that have policies that help inform project improvement directly tied to client feedback; maximum points are given to agencies that have formal lived experience advisory boards. CoC Evaluation Committee reviews the responses in detail when scoring projects, and if any information is unclear, additional information is requested during project site evaluation. The CoC has developed policies with local homeless services providers to reduce barriers to entry for all homeless dedicated projects. Shelters participating in the CoC previously required background screening/sobriety screenings prior to entry, which has changed to a behavior-based model.

3. CoC REGULARLY EVALUATES projects outside of the competition to ensure they are aligned with HF principles. The CoC recently revised its Program Standards, all of which include standards for HF practices incorporated as the standard for program operations. The CoC's Housing First approach ensures rapid placement/stabilization in permanent housing & removes service participation/preconditions prior to entry. The CoC Lead agency works with the Coordinated Entry System operator to monitor project eligibility for referrals, ensuring they are aligned with HF policies, & if not, we work with the organization & HUD to lower barriers.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	
	Describe in the field below:	
	1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
	3. how often your CoC conducts street outreach; and	
	4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

1.The CoC has 2 primary street outreach teams: A) HOST (serving County/located Santa Rosa), utilizes multiple METHODS to ensure all unsheltered persons are identified/engaged, including trauma-informed outreach. HOST provides bilingual in-person OWs (w/ ASL translation if needed). B)The County Interdepartmental Multidisciplinary Team(IMDT) provides outreach to individuals experiencing homelessness throughout the county, primarily in unincorporated areas and non-entitlement jurisdictions. IMDT has OWs dedicated encampments to offer services to those who are hardest to reach. Housing/supportive services are provided to individuals regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability. Providers employ staff w/ lived experience/multi-cultural/multi-lingual to ensure access to those w/ limited English proficiency. CoC employs specialized outreach workers(OW) for TAY (Social Advocates for Youth), chronically homeless unsheltered individuals w/ serious mental illness (IMDT), Domestic Violence (Family Justice Center/YWCA), & sexual assault/abuse (Verity). COC is currently revising Outreach Standards w/ OWs. After approval, the CoC will create OW Slack channel to use for field communication via cell phone to streamline services/additional assistance needed for encampments issues/specialized resources, etc. 2. OWs provide COVERAGE to 100% of the CoCs geography. 3.Outreach is done w/ PROACTIVE ENGAGEMENT of those living in encampments, on the street/exiting institutions. Outreach is conducted 5 days per week; urgent encampment assistance is available 7 days per week. 4.Linkage to Coordinated Entry is provided w/ trauma informed case management practices grounded in harm reduction to build rapport w/ individuals LEAST LIKELY to request assistance. HOST, IMDT & Federally Qualified Health Clinic outreach TAILOR activities by providing repeated outreach to individuals w/disabilities, those least likely to access services, individuals residing in encampments & documenting interactions via HMIS to identify successful interventions. HOST has clearance for OWs to assess high service utilizers incarcerated in local jails. 25% of all shelter beds are reserved for immediate placement. OWs refer to dedicated set aside beds/non-congregate shelter to offer placement to individuals who have declined service in the past. OWs address immediate needs such as transportation, clothing, & hotel assistance.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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Engaged local homeless organizations	Yes	Yes
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	386	402

1D-6.	Mainstream Benefits—CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1.SYSTEMATIC UPDATES & DISSEMINATION: The CoC Coordinator updates CoC agencies on mainstream resources via a public listserv/CoC website & during quarterly in-service trainings. FY21-22 trainings provided included: A) People Facing Barriers provided by the Social Security Administration (SSA) Office. The training included a local streamlined method for providers to verify benefits & ensure clients are quickly connected w/ SSA to file initial claims; B) The Homeless Employment Project training held by the county's Human Services Department's Job Link. Training included the referral process/overview of services provided & solicited participation from new providers; & C) Substance abuse program training/resources are discussed regularly at the Community Partner Connection weekly meeting, which includes CoC providers. Training topics during the last meeting on 9/12/22 focused on Narcan distribution. CalFresh(food stamps)/TANF trainings were impacted by the pandemic in 2021. The CoC, however, will provide CalFresh benefits training during the 10/20/22 Membership meeting & trainings for TANF during the 1/23/23 meeting.

2.HEALTHCARE COLLABORATION: 3 Federally Qualified Health Centers (FQHC) are co-located w/ CoC projects providing direct on-site linkage to health insurance, CE Access Points, & partnerships w/ all CoC projects. CoC Staff & CoC/ESG providers attend weekly meetings w/ local health centers for community updates to assist clients w/ receiving healthcare (mental/physical), substance abuse, & housing services. Weekly Emails are distributed include information such as vacancies at residential substance treatment, detox centers, crisis stabilization, openings in shelters, etc. The CoC & CoC providers are partnering w/ the state's Medi-Cal/Medicaid provider to build capacity for the CalAim program. All CoC projects assist participants w/ applying for Medi-Cal/Medicaid, SSI/SSDI, TANF, Calfresh, & healthcare insurance. Connection to mainstream resources is an important element of CoC program monitoring and scoring.

3.PROMOTES SSI/SSDI: The CoC partners w/ the local SSA Office to provide access to SSI/SSDI benefits through SOAR. A streamlined process developed locally with the SSA office offers a simplified method to help providers connect w/ benefits in an expedited fashion. The CoC scores projects on their process to connect participants with SSI/SSDI and receive full points if they have a staff trained SOAR

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

CoC Lead Agency staff led the Homeless Task Force (HTF) in 2020-21 with County/City officials and Public Health staff to address immediate needs of the homeless population in response to COVID19 starting in March 2020. In 2022, CoC staff continued support of NCS operations with linkages to Coordinated Entry and other housing solutions 1. UNSHELTERED: Non-Congregate Shelter (NCS) sites were set up for operation to ensure individuals in UNSHELTERED situations, considered at-risk of serious hospitalization due to underlying conditions or over 65, could shelter in-place as directed by the Public Health Order; 463 placements to date. NCS setup included on-site medical care, laundry services, meals, transportation to appointments, and provided daily hygiene items and all individuals had private rooms at either hotels or in FEMA trailers. Outreach services for unsheltered, included emergency meal delivery services in encampments as local food distribution sites/kitchens were closed due to the pandemic. Outreach teams facilitated direct referrals to shelters/NCS. HTF set up over 30 sanitary stations (bathrooms/handwashing stations) throughout the county to mitigate spread of COVID for individuals in outside settings. 2&3. CONGREGATE EMERGENCY SHELTERS (ES) & TRANSITIONAL HOUSING (TH): HTF connected immediately w/local ES/TH providers to initiate the requirement of 6ft social distancing and to provide information on COVID19 safety protocols. HTF provided placements to ESs/THs to quickly reduce ES/TH capacity to permit social distancing, those who were qualified as at-risk of COVID due to underlying health condition/age, were identified/prioritized based on severity, then referred/transported directly into NCS. In 2022, the CoC provided core support and staffing in supporting the County and Cities with 7 California Project Homekey sites for non-congregate shelter and permanent supportive housing. When fully operations, these sites will have 164 non-congregate shelter beds and 147 PSH beds. All individuals at non-congregate shelter sites were either moved to two Homekey sites or to other permanent destinations. The CoC and local service providers have partnered to provide wrap around services and housing-focused case management to those Homekey sites (all of which are non-congregate) and braided funding from State HHAP and State Partnership Health Plan HHIP funds will be utilized to ensure that services are sustainable.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. Local Policies and Protocols: The CoC followed local protocol set by the County Public Health Officer and County Department of Public Health (and following State Local Guidance) in identifying eligible individuals and families for COVID-19 vaccinations in both sheltered and unsheltered settings. Policies prioritized individuals 65 and over, individuals with underlying health conditions vulnerable to COVID-19 and individuals in congregate shelter settings. CoC Lead Agency staff provided Public Health services and local FQHCs with CONTACT INFORMATION FOR LOCAL SHELTERS as well as NON-CONGREGATE SHELTER settings with individuals in the prioritized categories. As a result, beginning in late 2020/early 2021 upon vaccine rollout, local Public Health staff provided vaccinations to individuals in shelters and non-congregate shelters (including the largest shelters in Santa Rosa and Petaluma, faith-based shelters, DV shelter, and youth shelters) on-site. The CoC also connected Public Health to local STREET OUTREACH TEAMS to PRIORITIZE individuals in unsheltered circumstances. Local Street Outreach teams paired with Public Health staff provided vaccinations directly to individuals in encampments/unsheltered circumstances across the CoC's geography. As vaccine eligibility increased to the GENERAL POPULATION, CoC staff collaborated with Public Health and FQHCs to disseminate information on vaccines to the entire population experiencing homelessness, including free vaccines provided to ES/TH and PSH/RRH for interested individuals. The CoC provided direct information from HUD/CDC/State Dept of Health on vaccine safety/efficacy via its public listserv.

2. PREVENT DISEASE OUTBREAKS: The Public Health Vaccine Unit connected immediately w/local ES/TH providers to initiate 6ft social distancing and provide information on COVID19 safety protocols. The COVID Response Unit in Health Services (via CoC collaboration) provided placements to ESs/THs to quickly reduce capacity for social distancing. Those at-risk of COVID due to underlying health condition/age were identified/prioritized referred directly to NCS. CoC and COVID Response Unit facilitated meetings 2x per week to inform providers of new information relating to safety & resources. ES/TH providers submitted orders directly to the COVID Response Unit for items (e.g. hand sanitizer/toilet paper/cleaning supplies/masks/gloves) to ensure safety of participants and were connected directly to Public Health for COVID testing.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1.SHARING INFORMATION: CoC Lead Agency(CLA) staff participate in weekly meetings w/ Health care (HC) providers to coordinate care & to share updates to local public-health measures. This meeting is also attended by local homeless outreach teams, shelter providers & FQHC staff. This information is disseminated to CoC members through a CoC provider listserv. These weekly meetings, the Community Transitions of Care, include all local FQHCs, clinics, hospitals, homeless service providers(HSP), & Coordinated Entry(CE) staff. Information on HC & interventions is shared directly w/ HSP & information on shelter/housing availability is shared directly w/ clinics/HC providers, including access to CE & CoC/ESG/ESG-CV funded projects. CLA serve as the primary information hub & key liaison between Public Health(PH) & HSPs, conveying information from HUD TA (weekly call for COVID resources from Homebase) & direct information from HUD to providers daily for HEALTH MEASURES such as vaccine distribution/availability & ACCESS to non-congregate shelter sites for individuals vulnerable to COVID/other health issues. Information on other health measures, such as PH ORDERS/PUBLIC FORUMS on health issues such as COVID/EXTREME WEATHER EVENTS/SAFETY is also shared directly w/ CoC staff via collaboration w/ PH/local clinics.

2.FACILITATING COMMUNICATION: Sonoma County Department of Health Services(DHS) works closely w/ CLA/CoC Board/CoC membership in FACILITATING communication. DHS has a dedicated seat on the CoC Board & participates/leads weekly Operational Encampment Team(OET) meetings w/ street outreach teams, multi-jurisdictional staff such as law enforcement, HC, & HSPs to serve vulnerable individuals in unsheltered circumstances w/ an emphasis on limiting INFECTIOUS DISEASE outbreaks such as COVID/Monkeypox/HIV/etc. PH Interdepartmental multi-disciplinary team(IMDT) Outreach includes clinical staff, street outreach workers, & Human Services staff w/ access to mainstream benefits. IMDT is available to HSPs to provide on-site information on infectious disease & mitigation via sanitary/hygiene supplies. CLA staff participate in meetings of OET/IMDT efforts & convey information to all HSPs including faith-based shelters/DV providers that are not in HMIS/separate HMIS system. The CoC connects HSPs in ES/TH/PSH/RRH/SO w/ the VACCINE MISSION TEAM at Health Services to provide on-site vaccinations at program sites/shelters and for other potential infectious disease outbreaks.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1.CoCs Coordinated Entry(CE) COVERS 100% of the GEOGRAPHIC REGION. Assessments are provided at 13 CE Access Points(AP) in all the CoCs 5 regions & in proximity to public transportation. Specialized AP are available to help support those w/ a history of domestic violence (DV), HIV/AIDS, veterans, families, behavioral health conditions, & youth. Specialized teams conduct daily street/encampment outreach to provide assessments for those least likely to present at AP for enrollment. The CE system coverage and number of engaged providers are expanding system continues to grow through the operator's engagement efforts (including local government, CDBG/HOME/ESG entitlement jurisdictions, affordable housing developers, mental health orgs, etc.).

2.CoC CE STANDARDIZED ASSESSMENT PROCESS: CoCs CE assessment is a comprehensive standardized process supporting households to identify solutions to their immediate housing crisis & if necessary, adding them to the CE By-Name-List. The CE Assessment, the VISPDAT, is completed as soon as possible after contact w/ an AP. CES Assessment is completed in the order that best meets participant needs, while maintaining a standard assessment experience across all AP; thus, steps do not have to be followed in order or in one sitting (though encouraged). The six steps of assessment include: 1) Diversion/Housing problem housing solving conversation; 2) Crisis Navigation & Connection; 3)Standardized Assessment Tool; 4) HMIS data entry; 5) collection of initial eligibility documentation; and 6) enhanced assessment. Participants are prioritized for placement based on total prioritization score & referred through the standard community case conferencing (CC) process. In situations where the assessment may not account for the vulnerability of the client due, CC allows for the Enhanced Assessment step; this allows AP/providers to offer 3rd party information to further assess for placement.

3.CE is UPDATED REGULARLY from quarterly FEEDBACK of PROJECTS/PARTICIPANTS through: 1) Quarterly qualitative performance evaluation through AP surveys; 2) Quarterly online surveys and in-person meeting relating to CES operations from project providers; 3)Bi-annually input & feedback is collected from those w/ lived experience who are currently enrolled/previously enrolled in the CE; and 4)CoCs CE Advisory Committee reviews all forms of feedback & makes recommendations for policy changes to enhance services to the CoC board.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1.The CoCs COORDINATED ENTRY (CE) reaches people LEAST LIKELY to apply for assistance in absence of special outreach teams. Access Points(AP)affirmatively market to eligible individuals/families regardless of race, color, national origin, sex, religion, familial status, age, or disability. CE operator focuses on training assessors in settings where they are likely to engage individuals least likely to apply. Specialized AP support those w/ a history of domestic violence(DV), HIV/AIDS, veterans, families, behavioral health (BH) conditions, & youth. CE trained all CoC/ESG emergency shelter providers, Federally Qualified Health Centers (FQHCs), local advocacy groups & other nonprofit providers who serve underserved communities. 2. CE PRIORITIZES those in the MOST NEED of assistance. Prioritization Standards connect participants to housing in order of high severity of needs to low. Factors used to measure severity of needs for placement are: A)illness/death vulnerability; B)severity of BH challenges/functional impairments/substance use; C)high utilization of crisis services; D)length of homelessness; E)above age 60; F)victimization; & G)institutional utilization. Enhanced Prioritization is used to document needs/vulnerability if not reflected in the assessment. This is used to determine an accurate assessment for housing placement (higher or lower-level intervention) through the collection of additional 3rd party verification via BH staff, FQHCs, etc. 3.CE prioritization policies ensure those in MOST NEED of assistance are placed by preference & in a timely manner by: A)advanced notice of unit openings; B)robust case conferencing(CC) w/variety of partners helping w/location & eligibility documentation; C)referrals are sent to the provider w/in 24 hours of CC referral determination; & D)documenting preference, offering a clear explanation of project, & choice of placement. If qualified for multiple openings, referrals are made to the location of choice. 4. CE REDUCES BURDENS to people using the system by leveraging connections clients have w/ providers in the community by: A)increasing the number of assessors in areas w/ the most barriers to access; B)outreach teams provide access in unsheltered situations; C) FQHCs assessors w/ regular contact/better knowledge of history & service needs; D) referrals via CC w/ a variety of partners to help w/client location/documentation for expedited placement; & E)simplified assessment process & non-invasive questions.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/27/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.CoC ANALYZES data for racial disparities on an annual basis through HMIS/comparable database data and through its annual Point in Time Count. This year, the CoC worked with a consultant to analyze system data to create a Homeless Action Plan and a CoC-wide Strategic Plan. The data reviewed solidified there ARE currently RACIAL DISPARITIES within the provision and outcomes of homeless assistance within the community.

2. RACIAL DISPARITIES the CoC identified in the provision and outcomes of homeless assistance included: 1) People of color spend less time homeless but have worse outcomes than white people; 2) Latinx households spend more time homeless but have better outcomes than white people; 3)Latinx households are served at a rate far below their share of the population; 4) There are variations across several demographic categories of those who are unsheltered vs sheltered in the system, suggesting that there are disparate impacts for different groups. For example, POC make up 27% of the sheltered population and 43% of the unsheltered population; 5) All the disparities in homeless pop relative to general population exist among those who are unsheltered. Black people are over represented about 3x, native people by about 4.5x.; 6) black, native and Latino households have lower incomes and higher poverty rates than white families, which are potential indicators of risk of experiencing homelessness due to economic volatility in households; 7) At the household level, average length of time homeless is longer (about 12% or 15 days longer) for Latino households than White, and shorter for Black (about 17% or 20 days shorter), and Native (about 17% or 20 days shorter); 7) 2022 PIT: 25% of individuals identified as Latino/a/x, 8% identified as Black, and 9% identified as American Indian or Alaskan Native. Some of this data continues to reflect specific racial and ethnic disparities that exist in Sonoma County's homeless population (i.e., where specific ethnicities are overrepresented in the homeless population when compared to the general population).

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes

7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

STEPS the CoC/providers have taken to ADDRESS DISPARITIES: The CoC Lead Agency, Strategic Planning Committee (SPC) & CoC Board have engaged Homebase, a consultant, on the development of a Homeless Action Plan (HAP) & County-wide Strategic Plan (SP) beginning December 2021. SPC includes representation of local providers, local government officials (all 3 HUD-entitlement jurisdictions), those w/ lived experience of homelessness (LEH), DV providers, & healthcare organizations. HAP/SP Data collected/ analyzed focused not only on the gaps in the CoCs homeless system of care but also on identifying disparities within the provision/outcomes of homeless assistance. While the full strategic plan will not be completed until late November of 2022, current efforts include: 1)review of services provided in the system, analysis of gender, ethnicity/race demographics, sub populations (e.g. veterans, Chronic Homeless, youth, etc) & household composition. This data was analyzed by project/service type to provide a clear understanding of who is currently receiving services & in which projects, thus helping to identify disparities within the PROVISION of & OUTCOMES of homeless assistance; 2)complete funding analysis, including Program, types of interventions & populations served; 3)creation of CoC system-wide goals which incorporate needs of the underserved/disproportionally impacted populations experiencing homelessness; 4)strategies for achieving each goal; & 5)development of a funding plan w/ the CoCs current & projected future funding. The Strategic Plan is set to be approved by the CoC Board in late December of 2022. The CoC formalized a new 14 member Lived Experience Advisory Planning Board(LEAP), w/ a focus on racial equity. CoC staff spent over 12 months working on the development of this body through the Bay Area Regional Health Inequities Initiative's Racial Equity Action Lab collaboration. This action lab included other CoCs, health care, LEH members, & BIPOC individuals addressing Anti-black racism & racial disparities w/in the Bay Area Homelessness response. The LEAP formation focused on the recruitment of people of color & those who have LEH w/in the past 5 years to oversee program/policy design, implementation, & evaluation of homeless systems; 6)The CoC is working w/ Community Solutions on the Built for Zero initiative. BFZ will assist the CoC is designing a by names list (BNL) that will track race/ethnicity data for all individuals on the CE ByNamesList.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

MEASURES TO TRACK PROGRESS on ELIMINATING DIPARTITES: In partnership w/Dept of Health Services, CoC Coordinator participated in a Racial Equity Action Lab (REAL) w/other Bay Area communities, Bay Area Regional Health Inequities Initiative, Homebase, All Home, and the Federal Reserve Bank of San Francisco. Sonoma County REAL Cohort included BIPOC members w/lived experience of homelessness (LEH), service providers, and appointee/Chair of Sonoma County Human Rights Commission. 10/20-4/21 Cohort participated in sessions to build collective understanding of racial inequities drivers in homelessness, key intervention points for change, & best practices. Sessions guided development of local projects, providing expertise on data analysis, feedback from LEH individuals, and implementation. The CoC then established a Lived Experience Advisory Planning Board (LEAP) comprised of LEH community members. After over a year of planning the LEAP focused on recruitment of people of color, w/power to oversee program/policy design, implementation, and evaluation of homeless systems. This group is now an active board as of February 2022 and provides direct feedback to the CoC Board/other related issues to homelessness, and members are actively engaged with the CoC Committees and evaluation of current projects. The CoC is actively working with the Built for Zero Initiative to create a Coordinated Entry ByNamesList that will track race/ethnicity data over time, allowing the CoC to closely track whether disparities are being addressed with implemented system changes. BFZ is a movement of more than 100 communities working to measurably and equitably end homelessness. Finally, the CoCs county-wide Strategic Plan is set to be completed in December 2022, which will outline targeted areas with disparities by project/service type with goals and strategies to implement for improvement, which the CoC will track overtime.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has multiple forms of outreach efforts engaging individuals w/ lived experience of homelessness (LEH) for LEADERSHIP ROLES & DECISION-MAKING processes. Emails are distributed monthly to the CoC membership, which includes local homeless service providers & community LEH individuals, to seek participation in CoC efforts. Posters/flyers are created w/ input from LEH individuals & are distributed to engage those w/ LEH to take part in the CoCs efforts- posted in public places, including public libraries, local homeless programs, & through local outreach teams/advocates to those in living in unsheltered circumstances. Flyers/posters/emails/outreach include opportunities for individuals w/ LEH to participate in the planning process of the CoCs formal Lived Experience Advisory Planning Board (LEAP), application for the LEAP, application for a voting seat of the CoC committees & Board. Similar outreach efforts are made to publicize listening sessions, training opportunities, special meetings & application processes for LEH members to participate in CoC Board, membership, LEAP & committee work. Grassroots communication, facilitated by CoC staff, between community members/advocates and peer to peer LEH communication has played a significant role in recruitment efforts for participation/engagement within our CoC. CoC staff maintain a master list of emails of LEH members interested in CoC work; Information is distributed to the list on a regular basis whenever leadership/training/advisory opportunities become available in the CoC. Individuals w/LEH serve on every active committee & the CoC Board, including the Coordinated Entry Advisory Committee, HMIS Data Committee, CoC Competition Evaluation Committee, Strategic Planning Committee, and Funding & Evaluation Committee. Stipends are provided to individuals w/LEH for their attendance/participation in the CoC Committees/Board. The 14- member LEAP provides advisory to the CoC Board regarding homeless programs, policies and how to spend money targeted for homeless programs with a dedicated agenda item on each CoC Board meeting. Thus, the CoC actively engages & has policies to ensure that those w/ LEH are fully included, compensated for their time, & participate in leadership roles & decision making. All CoC meetings are public meetings w/ public comment for each agenda item. LEH not represented in leadership roles are regularly encouraged to attend meetings to express their feedback via public comment.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	19	14
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	14	11
3.	Participate on CoC committees, subcommittees, or workgroups.	7	4
4.	Included in the decisionmaking processes related to addressing homelessness.	4	2
5.	Included in the development or revision of your CoC's local competition rating factors.	2	1

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1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC Lead Agency staff schedule training opportunities during quarterly CoC membership meetings, ensuring participation from both CoC membership organizations as well as any community member and individuals with lived experience of homelessness (LEH). When online trainings become available via HUD, the State of California, Built for Zero, or other TA providers information is distributed to our LEH master email list to ensure inclusion and participation. All LEH community members that serve on the LEAP Board, CoC Board and CoC standing committees are compensated for their time and service. LEH members on the CoC Board and committees are provided one on one PROFESSIONAL DEVELOPMENT trainings to serving in public meetings, including the Brown Act & Rosenberg's Rules of Order. Additionally, there are MENTORING OPPORTUNITIES available via public officials/agency executives represented on the Board/committees. EMPLOYMENT of LEH members within our CoC and local service provider agencies is highly encouraged; many of our local homeless providers individuals with LEH. In 2021-2022, the HOMELESS EMPLOYMENT Program (HEP) provided OPPORTUNITIES for specialized referrals to Sonoma County's Job Link w/Dept. of Rehabilitation through & in partnership w/ local service providers. HEP staff were cross trained by local providers in evidence-based practices such as trauma informed care prior to implementation. Surveys from LEH were taken at local homeless programs prior to and during development to understand unique needs of individuals returning to the workforce. Services provided include: determining occupational goals, on the job training, development of personal/soft skills, temporary work experience (subsidized), mock interviews from the Workforce Investment Board, certification/occupational training (subsidized), resume workshops, application assistance, bus passes, work clothes/tools/boots, computer lab, employment opportunities, etc. Milestones completed with HEP are rewarded via gift cards. Implemented in mid-2021, the HEP has had a total of 78 referrals, with 70 LEH actively enrolled/participating. Follow up services are provided for one year after obtaining employment to assist with any issues that arise and assure retention in job.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1. On a monthly basis, the CoC gathers feedback from individuals w/ lived experience of homelessness (LEH), including those who have/are RECEIVING CoC/ESG Program assistance, on their assistance experience. CoC Board meetings include an ongoing agenda item "word from the street" presented by LEH Board Members highlighting significant issues, current experiences from individuals in unsheltered/sheltered circumstances, and from LEH receiving assistance. The Lived Experience Advisory Planning Board (LEAP) spent months providing invaluable feedback to various homelessness strategic planning consultants including Homebase, California Interagency Council on Homelessness (Cal ICH), Focus Strategies, and HomeFirst Coordinated Entry(CE) Operations. The LEAP Chair shares monthly updates at CoC Board meetings of work currently being done within the 14-member LEAP Board. LEAP members & other LEH community members attend CoC board/committee meetings and are actively engaged, providing public comment on agenda items. LEAP designated CoC staff receive emails from community members w/ LEH to inform programs, meetings & policies. Examples of feedback received to enhance programming include a proposed shelter monitoring committee, accessing CES, CoC/ESG funding decisions, grievance procedures, etc. 2. Over one year of planning w/ the CoC, County Health Dept. & those w/ LEH led to the successful creation of a LEH advisory body (LEAP); the first major step the CoC took towards addressing challenges raised by those w/ LEH to enhance services. Another significant step included autonomy for the LEAP to elect the represented LEH seats on the CoC Board & the LEAP Chair is now a representative of the CoC Board as a non-voting member. CoC Board has 2 dedicated LEH seats (including LEH TAY rep.), recently implemented a policy requiring all committees to have at least 1 LEH & provides stipends for each attended meeting. CoC Board actively partners with the LEH Board member updates "Word from the Street" provided & follows up to address issues presented, e.g. successfully addressed lack of warming/cooling stations during extreme weather. As recommended by the LEAP to the CoC Board, presentations/agenda items are scheduled for board meetings to enhance collaboration and address immediate community LEH needs. LEAP & LEH listening sessions were held to solicit feedback on county-wide and regional strategic plans.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. During the last 12 months the CoCs Strategic Planning Committee, which includes County and local government (elected official/city representatives), have been working on a HOUSING NEEDS PROJECTIONS assessment of the CoC's geographic area. Data collected/analyzed has been used to develop a local Homeless Action Plan, which is set to be incorporated into the CoCs county-wide Strategic Plan which will be finalized in Dec 2002. The study included a Sonoma County Affordable Housing (AH) Gaps Assessment with estimates of needs by income levels. Results indicated a stock of 3,000 extremely low-income (ELI) household units with a shortfall of 11,000 units. Additionally, there are 12,715 low-income renter households in the county without access to AH. Shortfalls in inventory also covered the CoCs need for additional interim housing (ES/TH) and other housing solutions (RRH/PH/OPH). Data provided within the final report will support CoC and local government officials in attending zoning meetings with elected officials on actions to reform zoning and land use policies to permit more AH development.

2. CoC Board (CB) has representatives from all three HUD entitlement jurisdictions along with other city appointed seats and focuses on AH solutions to end/prevent homelessness. In September 2022, the Sonoma County Board of Supervisors funded a local consultant to assist the County and the HUD entitlement jurisdictions in securing the PHD on an expedited basis. Written communication was shared with the CB on 9/22/2022 including a request of support/commitment for CB members/all city managers to LOWER BARRIERS to NEW AH developments. These activities include aligning policies/programs to support jurisdictions in achieving California's Prohousing Designation (PHD). PHD gives additional points in key grant funding (including AH /infrastructure development/transit funds) that allow jurisdictions to enter the application processes w/ higher point scores than those that may not have secured PHD. Examples of Policy changes include: A) Adopting favorable Zoning & Land Use policies (e.g. rezoning sufficient sites to accommodate 15% of more of regional housing needs by income category); B) Accelerating housing production timeframes (e.g. giving priority permit processing for ADUs & multi-family AH); C) Reducing construction/development costs; D) Providing financial subsidies.

## 1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/11/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	15
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

Describe in the field below:

1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1.CoC COLLECTED/ANALYZED data for EACH PROJECT for success in permanent housing (PH). Renewal project Annual Performance Report was reviewed/scored on percentage of those remaining stably housed/percentage of those exiting to PH. Proposed retention/PH exits outcomes for new projects were scored 2.CoC ANALYZED data regarding how long it takes to HOUSE people in PH w/ the Strategic Planning Committee/consultant to develop systemwide outcome goals to reduce length of time homeless(LOTH); systems current baseline LOTH data to achieve PH is 124 days, w/ a 10% reduction goal by 2024. 3.CoC considers specific SEVERITY of NEEDS/VULNERABILITIES preventing rapid placement/ability to maintain PH. This was scored/considered when ranking renewal/new projects by: A) chronic homeless served(CH); B)Coordinated Entry(CE) referrals accepted; C)prioritizing medically compromised for PH; D)project housing first(HF) adherence/practices (e.g. not creating barriers to serving those w/ history of substance abuse, victimization/abuse, mental/physical health conditions, criminal records, little-no income). 4.CoC considers HARDEST TO SERVE during the rating/ranking process. CoC reviews supplemental materials/conducts site visits to discuss performance issues. Serving high needs populations impacts APR objective scoring, thus supplemental materials scoring/site visits is used to determine performance relating to policies/services provided to this population. FY22 CoC Competition ranking/selection process points are given to adherence to HF practices (10%) & for referrals accepted from CE(6%). Agencies are scored on commitment to serving the most vulnerable w/o preconditions on sobriety, income, criminal history, service compliance, & proper separation of property management/supportive services. CE policies require CoC PSH projects accept the highest prioritized individual from the ByNamesList meeting basic eligibility. Points are awarded to projects serving highest needs CH individuals (10%). Scoring considers local 10-year plan goal alignment (4%) by evidence of prioritizing CH/medically compromised individuals, SSI/DI benefits access, collaboration w/ corrections, & utilization of evidence-based practices. The Evaluation Committee reviews projects w/ CoC staff & conducts site visits to gather documentation of projects practice of serving the most vulnerable, including documentation of client feedback/advisory board, reasonable accommodation process, grievance procedure (5%).

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below:
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

**(limit 2,500 characters)**

1.CoC obtained INPUT/INCLUDED persons of different races/those over-represented homeless pop. via: A) a diverse CoC Evaluation Committee(EC) including members of Latino population, local tribal organization, Lived experience of homeless (LEH), local govt officials, County's Human Svs Dept.; B)provision of information/solicitation of feedback to/from 14-member Lived Experience Advisory Planning Board (LEAP) with a focus on racial equity; C)new CoC policy implemented for inclusion/transparency of all CoC Board(CB)/Committee work. This requires EC to be transparent/open public meeting, noticed widely/posted on the CoC website, allowing public comment on each agenda item for all EC/CB decisions/discussions (participation requested widely to the community, including BIPOC/LGBTQ+/LEH) 2.INPUT from persons of different races/those over-represented homeless pop. AFFECTED how the CoC determined rating factors used by: A)improvements based on feedback from FY21 to incorporate racial equity scoring; B)expanding supplemental material questions for lived experience feedback mechanism/grievance process as recommended by LEAP/LEH EC member; C)participating on the EC/CB making decisions on rating/ranking; D)Public EC/CB meetings allowed for public feedback on rating factors prior to decision making. 3.CoC INCLUDED persons of different races/those over-represented homeless pop. in REVIEW/SELECTION/RATING PROCESS by: A) posting/noticing all application materials on the CoC website/CoC Listserv (including BIPOC/LGBTQ+ providers/LEH); B) public notice of rating/ranking meetings C)inviting LEAP members to EC; D)public comment during EC/CB meetings. 4.COC rated/ranked PROJECTS on identifying/addressing RACIAL DISPARITIES. Supplemental materials were scored to identify disparities/barriers & plan to address these; agencies that demonstrated steps taken to eliminate barriers received full points. A majority of agencies reported reviewing employment diversity, outreach/marketing materials, & solicitation of client feedback. Agencies evaluate their data and make changes to their programs, including hiring LEH individuals from a variety of different backgrounds and inclusion of BIPOC/LGBTQI communities. If organizations had not yet started to evaluate inequities within their programming, they were asked to provide information to the CoC for TA needs. Projects were scored on their program marketing materials being available in languages other than English.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any projects through this process during your local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

**(limit 2,500 characters)**

1.CoCs REALLOCATION process is coordinated by an impartial Evaluation Committee (EC), comprised of CoC Board (CB) members, those w/lived experience of homelessness, and community members.EC identifies projects w/ capacity concerns/low performance for corrective action plans(CAP)/technical assistance. During evaluation of renewal projects scoring is based on objective criteria such as: (SPM)/capacity (spend-down/APR accuracy). Threshold for unconditional renewal is 80% of top score; projects scoring below meet w/the EC to implement a CAP. Through a summary CAP letter, applicants are guided through a process to determine additional materials submission to revise scoring or voluntarily release funding for reallocation. This work is reported to the CB to review work both in process & at the end of the designated period. Upon HUDs release of the annual NOFO, all provisions are reviewed. If NOFO indicates further ways to maximize ARD, renewal grantees are polled w/a reallocation form to determine projects w/less need. 2.FY22 REALLOCATION IDENTIFIED PROJECTS: One project was identified as under performing during the review/rank process due to inability to begin project operations in a timely manner and serving a low number of individuals. This project did not meet the threshold requirement of scoring 80%, did not voluntarily reallocate funding, & were given a CAP. 3&4. CoC DID NOT REALLOCATE the underperforming project during this competition for funding. This decision was made because the CoC only had one new project apply, with a request lower than the total CoC Bonus funding. If the CoC had additional new projects applications, the EC would have considered reallocating this funding for another project. EC/CB ranked the project at the bottom of tier 2 instead of being reallocated/rejected, placing the new project above in tier 2. The North County RRH was determined to be at risk by the EC due to lack of APR /low number of individuals served; project partially reallocated funding voluntarily in FY21 Competition (totaling \$123,938) & has started to serve clients. EC/CB recommended this project for funding considering impacts of COVID/change in Executive Director. This decision was made w/ the understanding the project is at-risk of losing funding, CoC did not receive multiple new project applications, & CoC met the total ARD & CoC Bonus funding possible w/ the Priority List. Since 2017, the CoC has reallocated \$1,184,662, or 29% of 2022 ARD.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/09/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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**You must enter a date in question 1E-5c.**

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	
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**You must enter a date in question 1E-5d.**

## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Efforts to Outcomes Social Solutions
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/05/2022
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.

(limit 2,500 characters)

1.The primary DV provider, YWCA, tracks participant outcomes and accomplishments using a COMPARABLE DATABASE. This includes YWCA projects and the Comparable Coordinated Entry System, using a web-based case management system, Social Solutions' Efforts to Outcomes (ETO). Through technical assistance supported by HUD, the YWCA and CoC/HMIS Lead created an implementation plan for the CoCs first Coordinated Entry (CE) comparable data base. This process ensures adherence to confidentiality protocols and the development of a specialized referral process outside of the CoC HMIS. Since these efforts, YWCA created a comparable database for CoC CE, ensuring survivors have access to a more secure form of enrollment via the CE system. The database system, while separate from the primary CoC HMIS, is the same HMIS vendor/platform utilized by the CoC. YWCA ETO allows the provider to pull all pertinent data aligned with the CoC's HMIS. The HMIS Coordinator meets regularly with DV providers to review current published data collection standards. HMIS LEAD AGENCY STAFF engage with providers and require standard data quality and annual performance reports annually and offer technical assistance as needed to produce required data. The HMIS Coordinator communicates with DV providers prior to APR due dates to ensure data is meets quality standards. HMIS Lead also engages providers, utilizing the comparable database when updates are made to HMIS data collection to ensure the updates are made in their database(s). Technical assistance from the CoC and HMIS Coordinator is available as needed to help configure their comparable database.

2.Both the CoC HMIS and the VSP comparable data base are compliant with the 2022 HMIS Data Standards.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	886	32	799	93.56%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	371	0	289	77.90%
4. Rapid Re-Housing (RRH) beds	402	9	338	86.01%
5. Permanent Supportive Housing	1,051	0	363	34.54%
6. Other Permanent Housing (OPH)	178	0	143	80.34%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. The HMIS Coordinator and CoC Coordinator offer daily technical support/engagement to all providers in the CoC, resulting in bed coverage over 85% in ES and RRH beds. STEPS TO TAKE INCREASING bed coverage within the next 12 months include: A) The CoC HMIS Lead will offer remote and in-person training free of charge to encourage agencies to participate in HMIS for the TH/PSH/OPH providers not currently using HMIS; B) Engage faith based providers encouraging their participation in the system; C) ENGAGEMENT with VA and VASH provider to continue developing a process for HMIS data entry; & D) Engage with the primary OPH provider to increase capacity for data entry.

2. The CoC as the HMIS Lead will IMPLEMENT STEPS described above to increase BED COVERAGE to at least 85% in TH/PSH/OPH by: A) Create a survey to send out to providers that are not currently utilizing the HMIS with primary engagement from the CoC/HMIS Coordinators and CoC Board Support; B) Utilize survey data to gauge provider needs/set up meetings with each organization to address specific needs/work on possible solutions; C) TH: Of 371 beds, 82 are currently not in HMIS. The majority of these beds are with faith-based providers who no longer participate due to staffing limitations. HMIS Lead staff is currently communicating with the providers and will set up a meeting within the next 12 months to further explore options; D) PSH: 688, or 65% of PSH beds are not participating in HMIS. These beds are mostly HUD-VASHs, and the VA provides quarterly exports to the CoC HMIS Lead, but the uploads do not confirm w/n current HMIS upload templates. The HMIS Lead will continue to automate a process of formatting to ensure the VASH data is captured within HMIS. The CoC will have this work completed in HMIS by the 2023; E) OPH: 20% of OPH beds do not participate in HMIS. The majority of these projects are with one provider with capacity issues due to impacts of COVID-19. HMIS Lead and the provider are engaged in addressing capacity issues with a goal of entering HMIS data in 12 months & F) The HMIS Coordinator engage all providers at least once annually to explore solutions with them to increase coverage rates in all project types.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/25/2022
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<b>2B-2.</b>	<b>PIT Count Data—HDX Submission Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/05/2022
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<b>2B-3.</b>	<b>PIT Count—Effectively Counting Youth.</b>	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

The CoC has conducted an intensive youth count since 2009. 1.The CoC ENGAGED STAKEHOLDERS serving youth experiencing homelessness during the PLANNING process. For the first time ever, the 2022 adult count planning sessions were held virtually. After soliciting feedback on virtual meetings w/ current/previous homeless youth & youth providers, it was determined the CoC would benefit more from in person planning sessions, led by the CoCs primary youth provider, Social Advocates for Youth (SAY). Stakeholder planning participation included CoC Staff, the MCKV/Homeless Youth Liaison w/ the County Office of Education, VOICES & SAY. Approximately 15 youth participated in the planning process. 2.INVOLVEMENT OF YOUTH: The CoC recognizes many homeless children & youth do not use homeless services, are unrecognizable to adult street count volunteers, & may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth. Thus, the CoC INVOLVES HOMELESS YOUTH in the actual count. A specialized Youth Count was held between 2pm-7pm on the day of the general adult street count. 18 current or recently homeless youth worked as paid peer enumerators working in tandem w/ stakeholders from youth organizations. This dedicated count, led by the youth, was designed to improve the understanding of the prevalence and scope of youth homelessness. Youth also exclusively conducted surveys (approximately 125) after the count in a peer-to-peer manner to glean demographic information. 3. Prior to the count, focus groups were held w/ YOUTH, CoC staff & STAKEHOLDERS to select locations where homeless youth are MOST LIKELY to be found; particular attention was placed on rural areas in all sectors of the county based on feedback from homeless youth. Youth identified locations across the CoC's geography where homeless youth are known to frequent, & information was mapped w/ geolocations. Youth used these hotspot maps and census tracts on the day of the count, and information was de-duplicated from the morning street count. In the two weeks following the youth count, the same youth enumerators conducted in-depth surveys w/ homeless youth to gain greater demographic information. Results from the 2022 PIT data conclude that the number of unaccompanied children decreased 52% from 64 in 2020 to 31 in 2022 and the number of transition-age youth increased 70% from 297 in 2020 to 505 in 2022.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. CHANGES to the CoC SHELTERED count implementation, methodology & data quality did not occur in 2022. 2. The CoC did not conduct an unsheltered count in 2021 with HUD approval due to safety concerns with COVID-19. However, the CoC conducts counts on an annual basis and did conduct an unsheltered count in 2020. 2022 UNSHELTERED PIT count included CHANGES w/ implementation methodology & data quality. The CoC was approved for an extension to conduct the count in February due to several partner agencies w/multiple COVID outbreaks. Due to the potential exposure risks of COVID, changes in IMPLEMENTATION included virtual recorded trainings, virtual meetings, electronic census track signups, electronic map distributions, & removal of the requirement to meet at designated deployment centers. Census track sign up changes were applied to ensure safety of those volunteering and for paid expert guides who were experiencing homelessness. Individuals created their own teams for the count including volunteers and paid homeless guides, so those counting were paired w/ persons in their own social pods (e.g. family, shelter providers paired w/ homeless guides in their own programs). CoC engaged Outreach workers and provided an opportunity to sign up for familiar census tracks prior to community volunteers. This implementation improved DATA QUALITY as it allowed outreach workers/guides to claim maps in which known encampments were located w/in their subregion of the CoC. 3. CHANGES in implementation AFFECTED the CoCs PIT count by providing protection against COVID exposure via a virtual streamlined process for volunteers, homeless guides, & outreach workers conducting the PIT. This resulted in a more accurate count in rural areas & hard to reach encampments located w/in the county as outreach workers/paid guides experiencing homelessness claimed maps w/ the highest rates of unsheltered individuals. Guides/outreach workers gained access to encampments that would have otherwise been missed. The CoC continued to collect a new survey question to assess the number of individuals experiencing homelessness who were victims of sex trafficking; 2022 data confirmed a 2% decrease since 2020. Surveys also included questions on the impact of COVID-19 on experiencing homelessness as well as questions on accessing vaccines for COVID-19. 4. Not applicable. The CoC does conduct the homeless count annually, therefore, questions 2 & 3 above highlight changes implemented since the 2020.

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

FY21, 1,570 individuals were counted in ES/TH/PH w/no entries in ES/TH/PH in the previous 24 months, this represents an increase of 3% from FY20 of people experiencing homelessness for the first time. Analysis of HMIS data indicated 20% of individuals homeless for the first time experienced domestic violence in 2021, a decrease from 34% in 2020.

1. First time homeless (FTH) CoC RISK FACTORS of: Surveys conducted by paid homeless guides from 2022 PIT Count reflected 32% individuals were homeless for the first time, a slight increase from 31% in 2020, but a reduction from 35% in 2018. RISK FACTORS identified for FTH: PIT surveys included being under the age of 25, older than 50 in particular. Additionally, 9% of individuals became homeless due to Covid related issues, loss of job (23%), argument with family/friend (11%), divorce/separation (10%) alcohol/drug use (16%) and eviction (9%). Since 2018, older adults have been disproportionately impacted. Almost one-quarter (23%) of survey respondents cited job loss as the primary cause of their homelessness. 63% reported unaffordable rent as an obstacle to securing permanent housing and another 45% cited no job or not enough income as an obstacle.

2. STRATEGIES to address at risk families/individuals: A) Homeless prevention funding of approximately \$150,522 in FY21/23 across the CoC's geography and over \$30 million of ERAP funds; B) CoC DV Project serving categories 1&4 homeless; C) Multidisciplinary Team of County Safety Net partners shared data in IBM's Watson Care Manager to coordinate discharge planning with jails/clinics & prevent homelessness of individuals w/chronic health issues; D) Partnership w/MCKV Liaisons in school districts to rapidly connect families at risk of homelessness to CE; E) Funding for Legal Aid projects support low-income families/individuals in Sonoma County to avoid eviction; F) CARES Act Emergency Rental Assistance for eviction prevention funding during COVID; G) developing a streamlined partnership/work flow to help 211 obtain the most accurate resource information from providers; H) New CE Operator is focusing heavily on training providers working in CE. This includes a new robust prevention/diversion screening; I) Homeless Action Plan & county-wide Strategic Plan outcome goal/strategy to reduce FTH by 3% by 2024.

3. OVERSIGHT: CoC's HMIS Data Committee, in collaboration w/ the Strategic Planning Committee, has primary oversight, reports to the CoC Board.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

The average length of time homeless (LOTH) for individuals/persons in families decreased from 134 days in FY20 to 129 days in FY21. This decrease is noteworthy given COVID19 impacts, the County's rapidly escalating rents, vacancy rates as low as 1.5%, & prioritization of most vulnerable individuals via Coordinated Entry (CE). 1.STRATEGIES to REDUCE LOTH: A) All CoC/ESG/State funded projects work exclusively w/CE in placing the most vulnerable individuals in ES/PSH/RRH w/LOTH weighted prioritization factor; B)Homeless Action Plan/county-wide Strategic Plan outcome goal/strategy to decrease LOTH by 10% by 2024; C)Increase provider access to CE, allowing for increased rates of enrolments/referrals/quicker documentation collection, ease of access for the client to update personal contact/location information for housing placement, etc; D)CoC allocated a majority of EHV vouchers to the Chronic Homeless (CH) population via both local PHAs.

2.CoC IDENTIFIES families/individuals w/ the LONGEST LOTH: A) Tracked in HMIS in Adult/Family/TAY CE, available on an online dashboard reviewed monthly; B) LOTH CE assessment scoring increased from 2 to 10 pts cumulative in terms of years, ensuring prioritization of those /the lengthiest LOTH; C) FY21/22 the local PHAs issued 284 EHVs to those experiencing homelessness, directed at CH individuals with longer LOTH via CE.

Collaboration w/ PHAs/Homeless providers to utilize the EHVs with wraparound services/housing navigation & documentation collection for expedited placement; D) Mandatory CE Case Conferencing to facilitate placement of individuals w/the longest LOTH; E) Sonoma County is a Built for Zero (BFZ) community, focusing on functional zero for CH. BFZ efforts are focused on adjusting/creating a by Names List to better track most vulnerable/longest LOTH & improving collaboration among outreach providers to better reach CH clients; F) Implementation of a centralized housing location program in 2023 (with \$4 million in local funds) will generate private market housing leads for all supportive housing participants. Funds incentivize voucher/supportive housing programs to landlords & reduce barriers to housing through credit repair & utility/move-in cost assistance. These efforts will reduce the amount of time a voucher holder takes to find housing.

3.OVERSIGHT: CoC Lead Agency, the Coordinated Entry Advisory Committee/HMIS Data Committee oversee the strategy & report to the CoC Board.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

In FY21, 766 individuals exited ES/TH/PH-RRH to permanent housing destinations; successful exits DECREASED from 45% to 43%. The decrease in exits is likely due to impacts of COVID19, rapidly escalating rents, vacancy rates as low as 1.5%, & the CA Eviction Moratorium during the pandemic (which further impacted unit availability). Rates of exits to PH & retention of permanent housing in PH programs INCREASED from 92% in FY20 to 93% in FY21. 1. STRATEGIES for INCREASING EXITS to PH from ES/TH/RRH: A) Monthly HMIS data via online platform monitoring exits to PH from all ES/TH/RRH and fully aligning contracts by increasing contractual outcomes to include higher outcome rates of PH exits; B) Increased training in Housing First and client choice; C) 1:1 TA from CoC staff for ES/TH/RRH providers D) Removing the requirement of ES referrals through CE to allow for increased/timely PH placements through a housing focused system redesign; E) 284 Emergency Housing Vouchers (EHV) dedicated homeless/at-risk of homelessness; & F) Homeless Action Plan & county-wide Strategic Plan increasing the number of people exiting to PH by 10% by 2024.

2. STRATEGIES for RETAINING/EXITING TO PERMANENT DESTINATIONS:

A) Collaboration with local FQHCs/CoC PSH and leveraged services for PSH including in-kind services over \$500,000 from FQHCs; B) Wraparound services with High Needs Homeless (aka Whole Person Care)/County Behavioral Health supporting w/higher needs via direct collaboration with CE; C) Increased data sharing w/ County Human/Health/Probation identifying clients in need of higher level of care & in-home outreach; D) Weekly CE Case Conference identifying individuals at-risk of eviction in need of transfer; E) Collaboration w/ PHAs/Homeless Services providers/FQHCs/hospitals utilizing 284 EHV with wrap around services/housing navigation. EHV target subpopulations including: RRH at risk of homelessness, Move-on PSH, Chronically Homeless, youth, domestic violence, and homeless families all w/wrap around supportive services (housing navigation/stabilization); F) Scoring CoC Projects APR submissions during the annual CoC NOFO on retention/exit to PH rates; G) Homeless Action Plan & county-wide Strategic Plan to reduce number of persons who return to homelessness after exiting homelessness to permanent housing by 12.5% by 2024. 3. OVERSIGHT: CoC's Funding and Evaluation Committee in collaboration w/ the Strategic Planning Committee, has primary oversight, reports to the CoC Board.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

FY21, of 1510 individuals exiting to permanent housing (PH) from ES/TH/PH, 116 returned to homelessness (8%) over a 6 month period & 64 (4%) returned in the 6-12 month period. Overall returns to homelessness over a 24 month period were 15%, a 4% decrease from the year prior.

1.STRATEGY to IDENTIFY: CoC identifies individuals who return via HMIS Report of exited individuals for non-CoC providers & APR reports for CoC-providers on returns of exited individuals, posted publicly monthly on an online dashboard. CoCs HOST Street Outreach Team and County IMDT Clinical Outreach team both track individuals in unsheltered situations by utilizing VISPDAT assessment info & coordinate directly w/CES staff to identify common factors contributing to returns. Common factors include high utilization of emergency services, length of time homeless, lack of family contacts (TAY specific), & exits to PH without attached supportive services. 2022 PIT data indicates obstacles in obtaining PH (in 2022, 64% of individuals confirmed they could not afford rent).

2.STRATEGIES to REDUCE the rate of returns: A) Prioritization of individuals in PSH who are at-risk for eviction/returns to homelessness via biweekly CES case conferencing. CoC/ESG/Local/State funded providers are required to attend case conference & report on housed individuals who may be at risk of returning to homelessness & reassessed for project transfers; B)Eviction prevention services: Legal Aid of Sonoma County, accessible benefits assistance/eviction prevention and County Emergency Rental Assistance Program for individuals who were at-risk due to job loss from COVID; C)County Interdepartmental Multidisciplinary Team: intensive case management to vulnerable individuals who are housing in PSH/other homeless projects; D)CES utilizes a Diversion Tool to assist individuals w/ maintaining housing/linkage to mainstream benefits to prevent returns; & E)Emergency Housing Vouchers:31/153 families at risk in RRH dedicated & 46/153 PSH Move-on dedicated, allowing additional PSH openings for more vulnerable clients while providing long term subsidy needed for housing stability/retention; and the development of a Homeless Action Plan/County-wide Strategic Plan with a goal/strategy to decrease rates of returns to homeless by 12.5% by 2024.

3.OVERSIGHT:CoC's Funding & Evaluation Committee & Strategic Planning Committee provide oversight, reporting directly to the CoC Board.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

In FY21, 22 of 119 (18%) leavers in CoC-funded projects increased their total income, a decrease from 35% in FY20. This decrease is likely due to the COVID pandemic, including business closures.

1.Strategies for INCREASING EMPLOYMENT INCOME include: A) Homeless Employment Program: includes partnering CoC organizations, Department of Rehabilitation headed by the Sonoma County Human Services Division (SCHSD) Job Link; B) CoC's New Increasing Income Workgroup, subcommittee of the CoC Strategic Planning Committee; C) Scoring CoC APR submissions on project performance rates of increasing cash income; & D) Partnering with 211 to update resources with community partners.

2. The CoC WORKS with MAINSTREAM EMPLOYMENT organizations to increase cash income for individuals/families experiencing homelessness. The CoCs Increasing Income Work Group meets monthly to identify available income sources, how to best access income, and identify how income changes impact eligibility for benefits. The group provides resources to the community partners to ensure benefits--including employment opportunities/collaborations--are easily accessible to providers working with individuals experiencing homelessness. NEW Homeless Employment Program with SCHSDs Job Link, the Department of Rehabilitation, and local homeless providers provides direct referrals, including individualized employment training, a temporary work experience project, job search, supportive services, gift card incentives for achievements, job counseling, mock interviews, subsidized employment & connections to employers. Prior to the pilot of this program, in depth client surveys were collected at local homeless services projects to develop needs assessment. In addition, Job Link employment specialists were cross trained in trauma-informed care/evidenced-based practices to provide the best support possible to those experiencing homelessness. Started in May 2021, program has received 78 referrals from homeless providers and currently has 70 program enrollments. This Project is uniquely designed with supportive counseling services to help transition to employment and meets monthly to identify additional flexible funding for incentives and resource collaboration.

3.OVERSIGHT of CoCs STRATEGY to INCREASE income: CoC's Increasing Income Workgroup and Strategic Planning Committee, reports to the CoC Board.

2C-5a.	Increasing Non-employment Cash Income--CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access non-employment cash income; and	
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

The rate on program stayers that increased income from non-employment cash sources increased by one point from 47% in 2020 to 48% in 2021.

1. Strategies for ACCESS to non-employment cash benefits include: A) Trainings provided by the local Social Security Administration Office (SSA). Trainings provided in FY21/22 included People Facing Barriers provided by the SSA. The training included a local streamlined method for providers to verify benefits & ensure clients are quickly connected w/ SSA to file initial claims and the CoC and all providers have direct access to the SSA office via SOAR strategies. All CoC agencies are required to have staff trained in SOAR and CoC Lead Agency staff serve as the local SOAR TA leads; B) Dedicated outreach from Sonoma Works/CalFresh staff to CoC projects also acting as a CE access point with a single application for accessing resources; CoC Lead Agency staff also directly link families experiencing homelessness to SonomaWorks for interim-housing solutions and benefits; C) Trainings provided by SonomaWorks, the CoCs TANF provider, which include active partners providers of the CoC to link these benefits for families; D) The CoCs Increasing Income Work Group meets monthly to identify available income sources (including non-employment cash), how to best access income, and identify how income changes impact eligibility for benefits. The group provides resources to the community partners to ensure benefits, including employment opportunities/collaborations, are easily accessible to providers working with individuals experiencing homelessness; E) The CoC Coordinator and local SSVF provider provide linkage from the CoC's Homeless Veteran Committee to local Vet Connect for homeless veterans in need of VA benefits and the CoC supports monthly review of the Veteran By Names List to identify veterans who are eligible for VA benefits; C) Scoring CoC Projects APR submissions on their projects performance rates of increasing non-employment income;

2. OVERSIGHT of CoCs STRATEGY to INCREASE income: CoC's Increasing Income Workgroup and Strategic Planning Committee, reports to the CoC Board.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
--	--	----

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	--	----

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

## 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

## 4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

## 4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/23/2022
1C-7. PHA Moving On Preference	No	PHA Moving on Pre...	09/23/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/23/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/23/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Pr...	09/23/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/23/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/23/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/23/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** PHA Homeless Preference

## **Attachment Details**

**Document Description:** PHA Moving on Preference

## **Attachment Details**

**Document Description:** Local Competition Deadline

## **Attachment Details**

**Document Description:** Local Competition Scoring Tool

## **Attachment Details**

**Document Description:** Scored Renewal Project Application

## **Attachment Details**

**Document Description:** Notification of Projects Rejected or Reduced

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:** Final Project Scores for all Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	09/15/2022
1B. Inclusive Structure	09/26/2022
1C. Coordination and Engagement	09/26/2022
1D. Coordination and Engagement Cont'd	09/26/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/26/2022
2B. Point-in-Time (PIT) Count	09/26/2022
2C. System Performance	09/26/2022
3A. Coordination with Housing and Healthcare	09/26/2022
3B. Rehabilitation/New Construction Costs	09/26/2022
3C. Serving Homeless Under Other Federal Statutes	09/26/2022

<b>4A. DV Bonus Project Applicants</b>	09/26/2022
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required

# **Attachment 1C-7**

## **PHA Homeless Preference**

1. Sonoma County Housing Authority Admin Plan: Homeless Preference/In-Place Homeless Prevention Preference Excerpts (Pages 1-5)
2. Santa Rosa Housing Authority's Admin Plan: Limited Preference Excerpts (Pages 6-8)
3. Santa Rosa Housing Authority's Project Based Vouchers: PHA Policy Excerpts (Pages 9-11)
4. Santa Rosa Housing Authority's Emergency Housing Vouchers (EHVs) Temporary Policy Supplement Excerpts (Pages 12-14)
5. Sonoma County Housing Authority's MOU Continuum of Care and Emergency Housing Vouchers Excerpts (Pages 15-17)

**SONOMA COUNTY HOUSING AUTHORITY**

**ADMINISTRATIVE PLAN  
FOR THE  
HOUSING CHOICE VOUCHER PROGRAM**  
*Homeless Preference*

**June 4, 2019**

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## **B. SPECIAL ADMISSIONS [24 CFR 982.54(d)(e), 982.203]**

If HUD awards the Housing Authority program funding that is targeted for specific families, the Housing Authority will admit these families under a Special Admission procedure.

Special Admissions families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list.

The Housing Authority maintains separate records of these admissions.

Applicants who are admitted under Special Admissions, rather than from the waiting list, are identified by codes in the automated system.

If HUD awards a Housing Authority program funding that is targeted for families living in specified units, the Housing Authority must use the assistance for the families living in these units under a Special Admission procedure.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

- A family displaced because of demolition or disposition of a public or Indian housing project;

- A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;

- For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990; and

- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term.

## **C. TARGETED FUNDING [24 CFR 982.204(e)]**

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria.

✓ See Section "d. Homeless Preference"

## **D. LOCAL PREFERENCES [24 CFR 982.207]**

In addition to a randomly assigned applicant number, the Housing Authority has preferences used to select families from the wait list when families eligible for such preferences are present on the waitlist. Each preference will receive an allocation of points so that the computer software can accurately determine the placement of families on the wait list. The applicant's cumulative points will determine the preference status and how it affects applicant position on the wait list.

When verifying preferences, the Housing Authority reserves the right to verify the authenticity of any document it deems to be questionable or contains a discrepancy.

The Housing Authority has adopted the following preference system:

- a. In-Place Preference. During times when overall program lease-up is below 95%, a limited preference will be granted to families who are considered to be living in-place. This preference applies to those who have been living in a unit within the jurisdiction of the Sonoma County Housing Authority for at least three months and the property manager certifies that he/she is willing to accept the HCV Program if the applicant is approved. This preference will be granted to 15% of all names pulled from the waitlist at each pull during times of low lease-up. Required documentation will include a letter from the property manager certifying that he/she will accept the voucher, a copy of applicant's lease in an appropriate size dwelling for the family listed in the housing application, and copies of utility bills for a 3 (three) month period verifying residency in the unit. Should a voucher be issued using this preference and the voucher is unable to be utilized in the "in place" unit, the voucher will be rescinded and the applicant returned to the waiting list. (Rev 2019)

- b. In-Place Homeless Prevention Super Preference. Subject to the availability of Annual Contributions Contract authorized voucher units, an absolute preference for Housing Choice Vouchers will be made available for in-place occupants when the unit they are residing in is subject to the loss of affordability restrictions or a subsidy tied to a specific facility or unit and the loss of the restriction or subsidy places the occupant at imminent risk of losing stable housing and/or becoming homeless. In order for an applicant to be eligible for this super preference, the Housing Authority must receive notification from a local municipality or partner agency of the Sonoma County Community Development Commission ("Commission"). All notifications are subject to Commission determination that the loss of stable housing and/or homelessness for in-place resident(s) is eminent.

This preference will also apply to in-place, income eligible households whose rental assistance is being terminated due to insufficient funding or term expiration of other rental assistance programs administered by the Housing Authority or whose rental assistance is being terminated due to insufficient funding of other rental assistance programs funded through the Sonoma County Continuum of Care.

- c. Other Preference. Preference points will be granted to applicants with household members in the following groups. Preference points are cumulative.
  - Seniors (1)

- Persons with disabilities (1)
- Persons with disabilities who are transitioning out of a mental health care institution or other segregated settings or at serious risk of institutionalization. (1)

d. **Homeless Preference.** To promote ending homelessness, and subject to the availability of Annual Contributions Contract authorized voucher units, thirty-six (36) Housing Choice Vouchers per year may be made available for families engaged in homeless assistance programs and/or initiatives within the County of Sonoma. These vouchers will be issued based on referrals from the Sonoma County Coordinated Entry Program. Eligible families referred through this program will be granted an absolute preference on the Housing Authority Waiting List. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist.

- e. Move On Allocation. Contingent upon funding, the Housing Authority will allocate up to 20% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference is referral based and is intended for formerly homeless individuals/families who have successfully participated in a Permanent Supportive Housing (PSH) program (see Glossary for definition) within Sonoma County, and have been determined by the supportive services provider to be ready to move into housing without attached supportive services. Issuing these households tenant-based vouchers will create vacancies in PSH programs thereby allowing additional homeless families in need of services to be housed. Applicants referred for this program must be drawn from the waitlist and will be given an absolute preference. At its discretion, the Housing Authority will annually evaluate whether to renew this preference. Referrals will be taken from an approved PHA third party who have verified Permanent Supportive Housing units.
- f. Housing Access and Reentry Pilot Program. The Housing Authority may consider adopting policies that allows individuals formerly incarcerated to live with their families in assisted housing, while receiving supportive services. An individual who would otherwise be ineligible for assisted housing assistance must have been referred to the Housing Authority by an approved partnering agency who has entered into an agreement with the Sonoma County Probation Department or other law enforcement agency. Referred applicants may be considered for housing based on adjusted policy criteria associated with the programs suitability standards, to exclude any period of time from the date of the offense or release from incarceration as indicated in Section 15.A. This reentry pilot program

**ADMINISTRATIVE PLAN**  
**FOR THE CITY OF SANTA ROSA HOUSING AUTHORITY**  
**HOUSING CHOICE VOUCHER PROGRAM**

*Homeless Preference*

Approved by the HA Board of Commissioners: April 24, 2017

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Homeless  
preference  
see:



"Limited Preference for  
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#### 4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

##### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

##### PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding. The preference will be in effect for three years from the termination date.

##### **Limited Preference for Families Experiencing Homelessness**

Twenty-four (24) vouchers are targeted for limited preferences for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa. These vouchers will be issued based on referrals from agencies participating in the Sonoma County Continuum of Care and that have adopted a Housing First model of homeless services programming.

↑ Homeless Preference

## Chapter 17

### PROJECT-BASED VOUCHERS

#### INTRODUCTION

This chapter describes HUD regulations and PHA policies related to the project-based voucher (PBV) program in nine parts:

Part I: General Requirements. This part describes general provisions of the PBV program including maximum budget authority requirements, relocation requirements, and equal opportunity requirements.

Part II: PBV Owner Proposals. This part includes policies related to the submission and selection of owner proposals for PBV assistance. It describes the factors the PHA will consider when selecting proposals, the type of housing that is eligible to receive PBV assistance, the cap on assistance at projects receiving PBV assistance, subsidy layering requirements, site selection standards, and environmental review requirements.

Part III: Dwelling Units. This part describes requirements related to housing quality standards, the type and frequency of inspections, and housing accessibility for persons with disabilities.

Part IV: Rehabilitated and Newly Constructed Units. This part describes requirements and policies related to the development and completion of rehabilitated and newly constructed housing units that will be receiving PBV assistance.

Part V: Housing Assistance Payments Contract. This part discusses HAP contract requirements and policies including the execution, term, and termination of the HAP contract. In addition, it describes how the HAP contract may be amended and identifies provisions that may be added to the HAP contract at the PHA's discretion.

Part VI: Selection of PBV Program Participants. This part describes the requirements and policies governing how the PHA and the owner will select a family to receive PBV assistance.

Part VII: Occupancy. This part discusses occupancy requirements related to the lease, and describes under what conditions families are allowed or required to move. In addition, exceptions to the occupancy cap (which limits PBV assistance to 25 percent of the units in any project) are also discussed.

Part VIII: Determining Rent to Owner. This part describes how the initial rent to owner is determined, and how rent will be redetermined throughout the life of the HAP contract. Rent reasonableness requirements are also discussed.

Part IX: Payments to Owner. This part describes the types of payments owners may receive under this program.

## PART I: GENERAL REQUIREMENTS

### 17-I.A. OVERVIEW [24 CFR 983.5; FR Notice 1/18/17; Notice PIH 2017-21]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its authorized units and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6]. PHAs may only operate a PBV program if doing so is consistent with the PHA's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

#### PHA Policy

In Resolution 1377 dated March 26, 2007, the City of Santa Rosa Housing Authority authorized the creation of a PBV program to achieve the following goals:

- Give interested owners the opportunity and incentive to develop, maintain and revitalize affordable housing
- Provide an incentive for owners to establish affordable, accessible housing for seniors and people with special needs
- Increase and maintain the lease-up rate for the Housing Choice Voucher Program
- Create a new housing model for the City of Santa Rosa
- Address the expiration of the Project-Based Certificate Program by offering a similar opportunity under a substantially revised program

The PHA will operate a project-based voucher program using up to 25 percent of its authorized units for project-based assistance.

The summary of PBV Development information is available upon request and will generally be posted on the PHA website.

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, the PHA is not required to reduce the number of these units if the number of authorized units is subsequently reduced. However, the PHA is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC, regardless of whether the PHA has vouchers available for project-basing [FR Notice 1/18/17].

### Additional Project-Based Units [FR Notice 1/18/17; Notice PIH 2017-21]

The PHA may project-base an additional 10 percent of its units above the 20 percent program limit. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception if the units:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3.

#### PHA Policy

The PHA may set aside an additional 5 percent above the 20 percent program limit for units that are:

- Specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3; or
- Specifically made available to house families that are comprised of or include a veteran.

#### **Units Not Subject to the PBV Program Limitation [FR Notice 1/18/17]**

PBV units under the RAD program and HUD-VASH PBV set-aside vouchers do not count toward the 20 percent limitation when PBV assistance is attached to them.

In addition, units that were previously subject to certain federal rent restrictions or were receiving another type of long-term housing subsidy provided by HUD are not subject to the cap. The unit must be covered under a PBV HAP contract that first became effective on or after April 18, 2017.

#### PHA Policy

The PHA will not project-base any units not subject to the 20 percent cap.

## CHAPTER 19

### Temporary Policy Supplement

### EMERGENCY HOUSING VOUCHERS (EHVs)

#### INTRODUCTION

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP) (P.L. 117-2). Section 3202 of the ARP appropriated \$5 billion for the creation, administration, and renewal of new incremental emergency housing vouchers (EHVs) and other eligible expenses related to COVID-19.

On May 5, 2021, HUD issued Notice PIH 2021-15, which described HUD's process for allocating approximately 70,000 EHVs to eligible PHAs and set forth the operating requirements for PHAs who administer them. Based on criteria outlined in the notice, HUD notified eligible PHAs of the number of EHVs allocated to their agency, and PHAs were able to accept or decline the invitation to participate in the program.

PHAs may not project-base EHVs; EHVs are exclusively tenant-based assistance.

All applicable nondiscrimination and equal opportunity requirements apply to the EHV program, including requirements that the PHA grant reasonable accommodations to persons with disabilities, effectively communicate with persons with disabilities, and ensure meaningful access for persons with limited English proficiency (LEP).

This chapter describes HUD regulations and PHA policies for administering EHVs. The policies outlined in this chapter are organized into seven sections, as follows:

Part I: Funding

Part II: Partnering Agencies

Part III: Waiting List Management

Part IV: Family Eligibility

Part V: Housing Search and Leasing

Part VI: Use of Funds, Reporting, and Financial Records

Except as addressed by this chapter and as required under federal statute and HUD requirements, the general requirements of the HCV program apply to EHVs.

#### PART I: FUNDING

##### TPS-I.A. FUNDING OVERVIEW

The American Rescue Plan Act of 2021 (ARP) provides administrative fees and funding for the costs of administering emergency housing vouchers (EHVs) and other eligible expenses defined in Notice PIH 2021-15. These fees may only be used for EHV administration and other eligible expenses and must not be used for or applied to other PHA programs or vouchers. The PHA must maintain separate financial records from its regular HCV funding for all EHV funding.

## **PART II: PARTNERING AGENCIES**

### **TPS-II.A. CONTINUUM OF CARE (CoC)**

PHAs that accept an allocation of EHV's are required to enter into a Memorandum of Understanding (MOU) with the Continuum of Care (CoC) to establish a partnership for the administration of EHV's.

#### SRHA Policy

The PHA has entered into an MOU with the Sonoma County Continuum of Care effective July 22, 2021. See Exhibit TPS-I for a copy of the MOU.

### **TPS-II.B. OTHER PARTNERING ORGANIZATIONS**

The PHA may, but is not required to, partner with other organizations trusted by persons experiencing homelessness, such as victim services providers (VSPs) and other community partners. If the PHA chooses to partner with such agencies, the PHA must either enter into an MOU with the partnering agency or the partnering agency may be added to the MOU between the PHA and CoC.

#### SRHA Policy

SRHA's MOU with the CoC includes VSPs and other community providers serving EHV eligible populations. SRHA may choose to enter into additional MOUs directly with other organizations in the future, or amend the MOU dated July 22, 2021 to include additional partners.

### **TPS-II.C. REFERRALS**

#### **CoC and Partnering Agency Referrals**

The primary responsibility of the CoC under the MOU with the PHA is to make direct referrals of qualifying individuals and families to the PHA. The PHA must generally refer a family that is seeking EHV assistance directly from the PHA to the CoC or other referring agency for initial intake, assessment, and possible referral for EHV assistance. Partner CoCs are responsible for determining whether the family qualifies under one of the four eligibility categories for EHV's. The CoC or other direct referral partner must provide supporting documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance.

#### SRHA Policy

The Sonoma County CoC is responsible for establishing and implementing a system to identify EHV- eligible individuals and families and make referrals to the PHA. The CoC agency must certify that the EHV applicants they refer to the PHA meet at least one of the four EHV eligibility criteria. The PHA will maintain a copy of the referral or certification from the CoC or other partnering agency in the participant's file along with other eligibility paperwork.

## **PART IV: FAMILY ELIGIBILITY**

### **TPS-IV.A. OVERVIEW**

The referring CoC agency determines whether the individual or family meets any one of the four eligibility criteria described in Notice PIH 2021-15 and then refers the family to the PHA. The PHA determines that the family meets other eligibility criteria for the HCV program, as modified for the EHV program and outlined below.

### **TPS-IV.B. REFERRING AGENCY DETERMINATION OF ELIGIBILITY**

In order to be eligible for an EHV, an individual or family must meet one of four eligibility criteria:

- Homeless as defined in 24 CFR 578.3;
- At risk of homelessness as defined in 24 CFR 578.3;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking (as defined in Notice PIH 2021-15), or human trafficking (as defined in the 22 U.S.C. Section 7102); or
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as determined by the CoC or its designee in accordance with the definition in Notice PIH 2021-15.

As applicable, the referring CoC agency must provide documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance. The PHA must retain this documentation as part of the family's file.

### **TPS-IV.C. PHA SCREENING**

#### **Overview**

HUD waived 24 CFR 982.552 and 982.553 in part for the EHV applicants and established alternative requirement for mandatory and permissive prohibitions of admissions. Except where applicable, PHA policies regarding denials in Chapter 3 of this policy do not apply to screening individuals and families for eligibility for an EHV. Instead, the EHV alternative requirement listed in this section will apply to all EHV applicants.

The mandatory and permissive prohibitions listed in Notice PIH 2021-15 and in this chapter, however, apply only when screening the individual or family for eligibility for an EHV. When adding a family member after the family has been placed under a HAP contract with EHV assistance, the regulations at 24 CFR 982.551(h)(2) apply. Other than the birth, adoption, or court-awarded custody of a child, the PHA must approve additional family members and may apply its regular HCV screening criteria in Chapter 3 in doing so.

#### **Mandatory Denials**

Under alternative requirements for the EHV program, mandatory denials for EHV applicants include:

- 24 CFR 982.553(a)(1)(ii)(C), which prohibits admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
- 24 CFR 982.553(a)(2)(i), which prohibits admission to the program if any member of the

## **Memorandum of Understanding**

This Memorandum of Understanding (MOU) has been created and entered into on

July 26, 2021, between

### **Public Housing Agency (PHA)**

***Sonoma County Housing Authority (CA085)***

*1440 Guerneville Road*

*Santa Rosa, CA 95403*

### **Continuum of Care (CoC)**

*Sonoma County Continuum of Care*

*CA-504 – Santa Rosa, Petaluma –Sonoma County CoC*

*Sonoma County Community Development Commission*

*1440 Guerneville Road*

*Santa Rosa, CA 95402*

The purpose of this MOU is to outline the partnership between the above-named parties in the administration of the **Emergency Housing Voucher** program as required in Public and Indian Housing (PIH) Notice 2021-15 Emergency Housing Vouchers – Operating Requirements, as of the date of this MOU or any subsequent amendments to this program.

#### **I. Introduction and Goals:**

- a. PHA and CoC's commitment to administering the EHV's in accordance with all program requirements.
- b. PHA goals and standards of success in administering the program.
- c. Identification of staff position at the PHA and CoC who will serve as the lead EHV liaisons.

*Lead PHA EHV Liaison: Martha Cheever, Housing Authority Manager*

Responsibilities of the PHA EHV liaison:

- Coordination with Sonoma County Continuum of Care Ending Homelessness Program Manager
- Administration of Emergency Housing Voucher rental assistance
- Accept referrals for Emergency Housing Vouchers as prescribed in this Memorandum of Understanding

Responsibilities of the CoC EHV Liaison :

- Coordinate with Manager of the Sonoma County Housing Authority
- Coordinate communications with Continuum of Care Board and Continuum of Care Member Agencies
- Data sharing and collaboration with Coordinated Entry System

II. Define the populations eligible for EHV assistance to be referred by CoC.

As of the date of the execution of this MOU, the Sonoma County Housing Authority is expected to receive 153 Emergency Housing Vouchers. The number of vouchers is subject to change based on future funding adjustments through the Department of Housing and Urban Development (HUD).

Eligibility for Emergency Housing Vouchers is limited by PIH Notice 2021-15 to: individuals and families<sup>1</sup> who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

The parties acknowledge that there are not enough Emergency Housing Vouchers to meet the needs of all persons experiencing homelessness in Sonoma County. Therefore, this MOU further defines the target populations that will be prioritized for referrals by the CoC to the PHA for Emergency Housing Voucher assistance as follows:

Percentage of populations targeted:

- **30% Chronically Homeless** (approximately 46 vouchers out of 153)
  - Must be actively engaged with case management and/or consistently engaged with street outreach and beginning active engagement with case management
- **30% Chronically Homeless and currently in PSH program** (approximately 46 out of 153)
  - Chronically homeless/formerly chronically homeless in Permanent Supportive Housing and ready to move on to other permanent housing
- **10% Chronically Homeless and identified as high users of emergency medical services** (approximately 15 vouchers out of 153)

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<sup>1</sup> Under the Housing Choice Voucher program regulations at 24 CFR 982.4, the term "family" is a person or a group of persons, as determined by the PHA consistent with 24 CFR 5.403, approved to reside in a unit with assistance under the program. The term "family" used in EHV and HCV context always includes a family that is comprised of a single individual as well as a group of persons.

- 20% to homeless families or formerly homeless families participating in Rapid Rehousing program and at risk of homelessness/housing instability (approximately 31 vouchers out of 153)
- 5% Survivors of Domestic Violence/Human Trafficking (approximately 8 vouchers out of 153)
- 5% Transitional Age Youth Experiencing Homelessness (approximately 8 vouchers out of 153)

### III. Services to be provided to eligible EHV families by the CoC service providers

1. CoC service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; CoC service providers will provide direct assistance to households in addressing barriers or ensure that households receive the necessary support to complete PHA paperwork and obtain necessary documentation.
2. CoC service providers will support PHAs in ensuring that households receive appointment notifications and will assist eligible households in getting to meetings with the PHA, returning phone calls to the PHA and responding to correspondence from the PHA.
3. CoC service providers will provide housing search assistance for eligible individuals and families.
4. CoC service providers will provide counseling on compliance with rental lease requirements and provide ongoing housing stability counseling for at least the first year of households' participation in EHV.
5. CoC service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
6. CoC service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

### IV. PHA Roles and Responsibilities

1. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.
2. Commit the necessary resources to ensure that the application, certification, and voucher issuance processes are completed.
3. Commit resources to ensure that inspections of units are completed in a timely manner.
4. Designate staff to serve as the lead EHV liaison.
5. Comply with the provisions of this MOU and the provisions of PIH Notice 2021-15.

## **Attachment 1C-7**

### **PHA Moving On Preference**

1. Sonoma County Housing Authority's (SCHA) Administrative Plan for the Housing Choice Voucher Program- Coversheet (pg. 1)
2. SCHA Administrative Plan Table of Contents excerpt referencing "Local Preferences" Section (pg. 2)
3. SCHA Administrative Plan "Local Preferences" Section & Move on Allocations (pg. 3-4)
4. SCHA 5 Year Plan Excerpt for Move-on (pg 5 -9)

**SONOMA COUNTY HOUSING AUTHORITY**

**ADMINISTRATIVE PLAN  
FOR THE  
HOUSING CHOICE VOUCHER PROGRAM**

*Move On Allocation*

**June 4, 2019**

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## **B. SPECIAL ADMISSIONS [24 CFR 982.54(d)(e), 982.203]**

If HUD awards the Housing Authority program funding that is targeted for specific families, the Housing Authority will admit these families under a Special Admission procedure.

Special Admissions families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list.

The Housing Authority maintains separate records of these admissions.

Applicants who are admitted under Special Admissions, rather than from the waiting list, are identified by codes in the automated system.

If HUD awards a Housing Authority program funding that is targeted for families living in specified units, the Housing Authority must use the assistance for the families living in these units under a Special Admission procedure.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

- A family displaced because of demolition or disposition of a public or Indian housing project;

- A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;

- For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990; and

- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term.

## **C. TARGETED FUNDING [24 CFR 982.204(e)]**

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria.

✓ See Section "e. Move on Allocation"

## **D. LOCAL PREFERENCES [24 CFR 982.207]**

In addition to a randomly assigned applicant number, the Housing Authority has preferences used to select families from the wait list when families eligible for such preferences are present on the waitlist. Each preference will receive an allocation of points so that the computer software can accurately determine the placement of families on the wait list. The applicant's cumulative points will determine the preference status and how it affects applicant position on the wait list.

- Persons with disabilities (1)
  - Persons with disabilities who are transitioning out of a mental health care institution or other segregated settings or at serious risk of institutionalization. (1)
- d. Homeless Preference. To promote ending homelessness, and subject to the availability of Annual Contributions Contract authorized voucher units, thirty-six (36) Housing Choice Vouchers per year may be made available for families engaged in homeless assistance programs and/or initiatives within the County of Sonoma. These vouchers will be issued based on referrals from the Sonoma County Coordinated Entry Program. Eligible families referred through this program will be granted an absolute preference on the Housing Authority Waiting List. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist.
- e. Move On Allocation. Contingent upon funding, the Housing Authority will allocate up to 20% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference is referral based and is intended for formerly homeless individuals/families who have successfully participated in a Permanent Supportive Housing (PSH) program (see Glossary for definition) within Sonoma County, and have been determined by the supportive services provider to be ready to move into housing without attached supportive services. Issuing these households tenant-based vouchers will create vacancies in PSH programs thereby allowing additional homeless families in need of services to be housed. Applicants referred for this program must be drawn from the waitlist and will be given an absolute preference. At its discretion, the Housing Authority will annually evaluate whether to renew this preference. Referrals will be taken from an approved PHA third party who have verified Permanent Supportive Housing units.
- f. Housing Access and Reentry Pilot Program. The Housing Authority may consider adopting policies that allows individuals formerly incarcerated to live with their families in assisted housing, while receiving supportive services. An individual who would otherwise be ineligible for assisted housing assistance must have been referred to the Housing Authority by an approved partnering agency who has entered into an agreement with the Sonoma County Probation Department or other law enforcement agency. Referred applicants may be considered for housing based on adjusted policy criteria associated with the programs suitability standards, to exclude any period of time from the date of the offense or release from incarceration as indicated in Section 15.A. This reentry pilot program

# HUD-50075-HCV-5Y



**Sonoma County Community Development Commission**

## HOUSING AUTHORITY OF THE COUNTY OF SONOMA

### CA085

### FY 2020 – 2025 PHA 5 Year Plan

Public Comment Period: February 2, 2020 – March 18, 2020

Public Hearing: March 18, 2020

Board Approval: April 7, 2020

HUD Submission Deadline: April 16, 2020

HUD Approval: June 16, 2020

<b>A.</b>	<b>PHA Information.</b>																																
A.1	<p><b>PHA Name:</b> <u>Sonoma County Housing Authority</u> <b>PHA Code:</b> <u>CA085</u></p> <p><b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): <u>07/01/2020</u></p> <p><b>PHA Plan Submission Type:</b> <input checked="" type="checkbox"/> 5-Year Plan Submission <input type="checkbox"/> Revised 5-Year Plan Submission</p> <p><b>Availability of Information.</b> In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information on the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official websites. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p style="margin-left: 40px;">The PHA 5 Year Plan, PHA Annual Plan and all associated PHA Plan elements are available for public inspection on the PHA website at <a href="http://www.sonoma-county.org/cdc">www.sonoma-county.org/cdc</a> and at the PHA's office located at 1440 Guerneville Road, Santa Rosa, CA. Upon request, the documents will be sent via U.S. mail when requester does not have access to the internet or the physical office.</p> <p style="margin-left: 40px;">The public may obtain additional information related to PHA policies from the Sonoma County Housing Authority Administrative Plan posted on the PHA website or by contacting the PHA office at (707) 565-7500.</p> <p><input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) in the Consortia</th> <th rowspan="2">Program(s) not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program		PH	HCV	Lead PHA:																							
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		PH	HCV																														
Lead PHA:																																	

B.2

**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low- income, very low-income, and extremely low- income families for the next five years.

### **5-Year Goals and Objectives for FY 2020-2025**

#### **PHA Goal: Maintain High Performer SEMAP score**

Objective: Maintain the Housing Authority's status as High Performing Agency

#### **PHA Goal: Expand rental assistance opportunities for low-income, vulnerable populations**

Objective: Apply for new rental assistance funding as HUD opportunities become available through the Mainstream Voucher Program, Continuum of Care, Veterans Assistance Supportive Housing, Family Unification Program, or any other opportunity deemed appropriate.

#### **PHA Goal: Continue to partner with local non-profit agencies to provide housing navigation to low-income and/or hard to serve populations**

Objective: Connect clients of special rental assistance programs with housing navigation services by continuing partnerships with local supportive services agencies. Special program clients include, but are not limited to the Reentry Pilot Program, the Move-On program, the VASH program, and the Mainstream Voucher program, and any other program deemed appropriate.

#### **PHA Goal: Expand collaboration with the Sonoma County Accessing Coordinated Care and Empowering Self-Sufficiency (ACCESS) program, an initiative developed to holistically support clients with complex needs.**

Objective: Develop a referral based system in order to provide rental assistance resources for some of the most vulnerable residents in the community who have been identified by the ACCESS program.

Objective: When client is willing, have client sign a Release of Information allowing Sonoma County governmental "safety net" organizations to work collaboratively in assisting client to maintain stable housing.

#### **PHA Goal: Expand the supply of affordable housing**

Objective: Expand the availability of the Project Based Voucher program to allow for 20% of the Housing Authority's Annual Contribution Contract units, or 564 vouchers, to be available for project basing in order to create and maintain affordable housing in Sonoma County.

Objective: With HUD approval, utilize the 10% exception to the Project Based Voucher program to allow an additional 282 project based vouchers (beyond the 564) be made available for permanent supportive housing and/or homeless dedicated housing.

Objective: Increase rental units available to program participants by gaining 10 new private market landlords or 30 new available units per fiscal year

#### **PHA Goal: Promote self-sufficiency**

Objective: Increase the Family Self-Sufficiency Program to a minimum of 35 families

Objective: Designate 15% of Family Sufficiency Program to serve clients of the Family Unification Program

#### **PHA Goal: Ensure equal opportunity and affirmatively further fair housing.**

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan or  
State Consolidated Plan  
(All PHAs)**

U. S Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 2/29/2016

**Certification by State or Local Official of PHA Plans  
Consistency with the Consolidated Plan or State Consolidated Plan**

I, Barbie Robinson, the Executive Director  
*Official's Name* *Official's Title*

certify that the 5-Year PHA Plan and/or Annual PHA Plan of the

Sonoma County Housing Authority

*PHA Name*

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of  
Impediments (AI) to Fair Housing Choice of the

County of Sonoma

*Local Jurisdiction Name*

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State  
Consolidated Plan and the AI.

See Attachment to HUD-50077-SL.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official

**Barbie Robinson**

Signature

Title

Executive Director

Date

April 8, 2020

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State Consolidated Plan and the AI.

---

There is a great, unmet need for housing in Sonoma County which is detailed in the two Consolidated Plans covering the jurisdiction of the PHA. These needs are identified by income, family type and specific housing problems. The PHA and the Consolidated Planners of the jurisdiction work as partners to identify and address the housing needs of the low-income residents of Sonoma County and will work in concert in the development of the 2020 Consolidated Plan.

1. The Sonoma County 2015 Consolidated Plan states that affordable housing and assisting the County's homeless are high priorities. Specific goals related to these priorities are to make market rate housing units affordable to low income persons through the provision of rental subsidies and to implement strategies for homelessness prevention and intervention county-wide. Activities included within the PHA Five Year Plan are consistent with the priorities contained in the Sonoma County Consolidated Plan, which include providing decent, affordable housing for low-income persons, and coordinated efforts to assist those experiencing homelessness to gain housing.
2. The Consolidated Plan for the City of Petaluma states that 42% of low-income renter households within the City are rent burdened. Activities included in the PHA Five Year Plan are consistent with the initiatives contained in the City of Petaluma Consolidated Plan which include providing decent, affordable housing for low-income persons and expanding economic opportunities for low-income persons.

The most recent Analysis of Impediments to Fair Housing study (AI) found that the lack of affordable housing was a primary barrier faced by persons of protected classes within the jurisdiction of the PHA.

Activities and specific goals included in the PHA Five Year Plan which are consistent with the Consolidated Plan and Analysis of Impediments to Fair Housing include:

- a. Applying for additional vouchers as available
- b. Collaboration with local homeless services providers to reach the most vulnerable members of the community
- c. Expanding the supply of affordable housing
- d. Promoting self-sufficiency
- e. Partnering with local supportive services agencies to provide vulnerable clients seeking to exist homelessness housing location and stabilization services
- f. Ensuring equal opportunity and affirmatively further fair housing.

Attachment 1E-1  
Local Competition Deadline  
Public Website/Newspaper  
Posting

1. Local 2022 FY CoC Competition Deadline of 8/26/22 Website Screenshot,  
Posted 8/11/2022 (Pg. 1)
2. Proof of Publication 2022 Competition Deadline of 8/26/22,  
Published 8/11/2022 (Pg.2)
3. Local FY CoC Competition Deadline Extension of 8/29/22 Website Screenshot,  
Posted 8/15/2022 (Pg.3)

Continuum of Care	
CoC Board	+
Committees	+
CoC Quarterly Meetings	+
What We Know About Homelessness	+
Strategic Plan	
2022 Continuum of Care Competition	
2019 Staff Reports	
Summary of Requests	
Compliance	
News	+
Calendar	
<a href="#">Back to CONTINUUM OF CARE</a>	

# 2022 Continuum of Care Competition

The Sonoma County Continuum of Care (CoC) reviews eligible renewal projects on an annual basis prior to the opening of the annual CoC Competition Notice of Funding Opportunity (NOFO). Preliminary analysis is conducted during this process by the CoC Competition Evaluation Committee comprised of impartial Continuum of Care Board members and community partners. The CoC Competition Evaluation Committee then provides recommendations on rating and ranking to the Sonoma County CoC Board for renewing projects, typically in May- June of each year. After the NOFO is released, the CoC Competition Evaluation Committee rates and ranks all renewal and new projects for the competition (including new projects from reallocated funding and/or new projects for bonus project funding). The CoC Board makes final decisions on rating and ranking of all projects in Tier 1 and Tier 2 funding during the NOFO period. CoC Board meetings are open to the public, and community feedback is welcomed.

## 2022 Notice of Funding Opportunity CoC Program Competition and Sonoma County CoC Request for Proposals

On August 01, 2022, the U.S. Department of Housing and Urban Development (HUD) issued the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) for the 2022 Continuum of Care Funds.

Notice is hereby given for the FY **2022 Continuum of Care Funds Sonoma County Request for Proposals (RFP)**, as a part of the FY 2022 Continuum of Care Competition. Please review the local RFP carefully for timeline and pertinent deadlines. Approximately \$202,131 in competitive bonus funding is now available for one (1) or more new permanent supportive housing, rapid rehousing, joint transitional-rapid rehousing, or HMIS/Coordinated Entry projects. Approximately \$191,288 in competitive DV bonus funding is also available for one (1) or more bonus projects serving victims of domestic violence (see NOFO for more details). Finally, approximately \$0 is available for reallocation for one or more permanent supportive housing projects (PSH), rapid rehousing projects (RRH), joint transitional housing-rapid rehousing projects (TH-RRH), HMIS projects (HMIS Lead only), or Coordinated Entry projects is available. Reallocation amounts are subject to change based on addendums to the RFP.

The RFP outlines FY 2022 CoC Program local competition process, relevant deadlines, and funding available for new projects, including the funds available with reallocation, Domestic Violence Bonus, and CoC Bonus project funding. **The local deadline for new and renewal projects is August 26, 2022 at 11:59 PM PST.**

### MANDATORY Bidder's Conference for NEW Projects, August 15th

9:30am -11:00am, This meeting will be held virtually through Zoom. Login information can be accessed on page 12 of the RFP, Attachment 1- Continuum of Care Application Detailed Timeline, and is also listed below:

PROOF OF PUBLICATION

(2015.5 C.C.P.)

STATE OF CALIFORNIA

County of Sonoma

I am a citizen of the United States and a resident of the county aforesaid: I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am the principal clerk of the printer of The Press Democrat, a newspaper of general circulation, printed and published DAILY IN THE City of Santa Rosa, County of Sonoma; and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of Sonoma, State of California, under the date of November 29, 1951, Case number 34831, that the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates to wit:

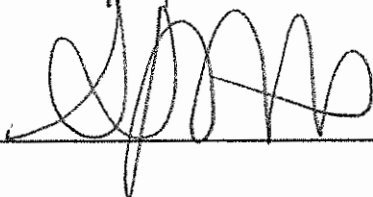
The Press Democrat - Legal Notices

8/11 - 8/11/2022

I certify (or declare) under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

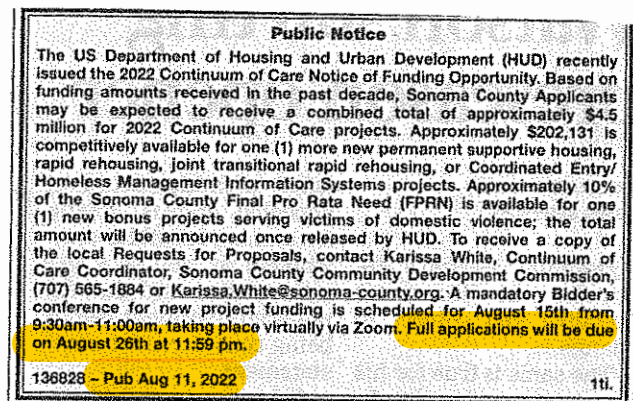
Dated at Santa Rosa, California, on

8/11/2022



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SONOMA COUNTY COMMUNITY  
DEVELOPMENT COMMISSION

annual CoC Competition Notice of Funding Opportunity (NOFO). Preliminary analysis is conducted during this process by the CoC Competition Evaluation Committee comprised of impartial Continuum of Care Board members and community partners. The CoC Competition Evaluation Committee then provides recommendations on rating and ranking to the Sonoma County CoC Board for renewing projects, typically in May- June of each year. After the NOFO is released, the CoC Competition Evaluation Committee rates and ranks all renewal and new projects for the competition (including new projects from reallocated funding and/or new projects for bonus project funding). The CoC Board makes final decisions on rating and ranking of all projects in Tier 1 and Tier 2 funding during the NOFO period. CoC Board meetings are open to the public, and community feedback is welcomed.

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The RFP outlines FY 2022 CoC Program local competition process, relevant deadlines, and funding available for new projects, including the funds available with reallocation, Domestic Violence Bonus, and CoC Bonus project funding. **The local deadline for new and renewal projects has been extended to Monday, August 29, 2022 at 11:59 PM PST.**

### MANDATORY Bidder's Conference for NEW Projects, August 15<sup>th</sup>

9:30am -11:00am, This meeting will be held virtually through Zoom. Login information can be accessed on page 12 of the RFP, Attachment 1- Continuum of Care Application Detailed Timeline, and is also listed below:

Zoom Meeting Link:

<https://sonomacounty.zoom.us/j/99830486890?pwd=ekpPcGt0R3JUWDRPK0NjUG13VIB3UT09>

Meeting ID: 998 3048 6890 Passcode: 500224 Telephone: +1 669 999 9128 US

Attachment 1E-2

Local Competition Scoring Tool

1. 2022 CoC Renewal Scoring Pages 1-3
2. 2022 CoC New Project Scoring Pages 4-7

**Scoring for the 2022 CoC Competition – Renewal Projects**  
**Project Performance Measurement and Local Priorities**

Performance Measurement	Scoring Methodology	Points	Scoring Key
<b>1. Housing performance</b>			
1a. PSH Housing Outcome: % of leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher.	5	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pts
1b. % of PSH beds dedicated to chronically homeless people. RRH prioritizing Chronic Homeless	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds.	5	Pro-rated by % CH dedication Ex: 100% = 5 pts 50% = 2.5 pts
1c. Cost Per PSH/RRH Outcome	Measured by total project expenditures (project expenditures + match) ÷ total number of successful stable housing outcomes (Retention of or Placement into PSH/RRH)	5	Less than \$5,000 per outcome = 5 points \$5,000 - \$9,999 = 4 points \$10,000 - \$14,999 = 3 points \$15,000 - \$19,999 = 2 points \$20,000 = 1 point
<b>2. Income performance</b>			
3a. Clients exiting with earned income (HUD System Performance Measure 4)	From APR Q17 Cash Income sources - leavers, number of adults with Earned Income ÷ Q5a. total number of adults.	5	Pro-rated by % exiting with earned income Ex: 100% = 5 pts 50% = 2.5 pts
3b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR: (Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults	5	Pro-rated by % exiting w/ increased income Ex: 100% = 5 pts; 50% = 2.5 pts
3b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR: (Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults	5	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts
4. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults.	5	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts
5. Year-end Utilization	From APR Q2 & 5a stayers/total beds, prorated up to 5 points.	5	Pro-rated by % #of beds utilized

Performance Measurement	Scoring Methodology	Points	Scoring Key
			Ex: 100% = 5pts; 50% = 2.5 pts
6. Housing First Practice and Implementation	Full points awarded for compliance with responses to Housing First Questionnaire and Fidelity Tool	10	.5 pts awarded per question (10 total questions); 5 pts for Housing First Fidelity Tool
7. Collaboration with Coordinated Entry	Percentage of accepted eligible referrals from Coordinated Entry  (HMIS Coordinator will review)	6	6 pts – 100% of referrals accepted 4 pts- 80-89% of referrals accepted 2 pts – 70-79% of referrals accepted 0 pt – Less than 70% accepted referrals
Local Priorities			
1. Alignment with 10-year plan goals	1 point for each goal that is a focus of the project, up to 4 points. Goals include (options a-d below):	4	Full pts for detailed examples of collaboration in each component. Project monitoring questionnaire question 12
a. Evidence of Project’s collaborations with corrections partners			
b. Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy.			
c. Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners)			
d. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases			
Total Points for Performance/Local Priorities		60	

### Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/SCCDC Accounting staff/Agency Monitoring Questionnaire	5	4-5 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
Contract administration: CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Coordinator and Senior Community Development Specialist	5	5 pts: timely submission & no inaccuracy of reporting 3-4 pts: 2-3 errors in submission 0-2 pts: late submission 3+ errors

Performance Measurement	Scoring Methodology	Points	Scoring Key
Spend down of funds/match	Review of APR by CoC Coordinator	5	5 pts: full spenddown 4pts: 85-99% spend 3 pts: 75-84% spend 2 pts: 65-74% 0-1pts: < 65%
Cultural Competency and Client/lived experience Feedback Process	Review of cultural competency questionnaire & Project Monitoring Questionnaire	5	Full pts for having a client advisory board, full explanation on procedures, all forms submitted
Data-informed program research; use of HMIS & other local data to guide program development & delivery (including efforts made to address racial equity). Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals	Project & Agency Monitoring Questionnaire responses	5	Full pts for complete description of data informed practices
Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	Project & Agency Monitoring Questionnaire responses	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated pts for lack of formal procedures  There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Assessment data is entered in HMIS 5 days or less after assessments are administered; 3) Data Validation Reports from HMIS are clean  1. Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
High data quality and timeliness of assessments.	HMIS Coordinator analysis & report	10	
<b>Total Agency &amp; Management Capacity points</b>		<b>40</b>	
<b>Total Possible Points</b>		<b>100</b>	

## CoC Program 2022 Competition Scoring for New Projects

Measurement	Possible points
<b>HUD Priorities: Ending Chronic Homelessness, Coordinated Entry, Housing First, System Performance Measures, Racial Equity, LGBTQ+, Lived Experience, and Mainstream Resources:</b>	<b>40</b>
<p>1. Housing Stability. (System Performance Measure) Proposed percentage of clients served in project to meet this outcome.  <i>Scoring methodology: 5 points available. Highest percentage of project participants remaining permanently housed at year-end earns full points; the 5 points are prorated from highest to lowest percentage of project participants permanently housed at year end, to lowest. Example if the high is 100% remain in permanent housing at project year-end, and the low is 20% permanently housed, the 100% proposal earns 5 points and the 20% proposal earns 1 points.</i></p>	5 – staff will calculate
<p>2. Exits to Permanent Housing. (System Performance Measure) Proposed percentage of clients served in the project to meet this outcome.  <i>Scoring methodology: 5 points prorated for the highest percentage of project participants Exit to permanent destinations. Highest rate of income growth for participants at exit earns full points. Ex: If 100% of individuals is the highest rate and the lowest rate is 5%, the high score earns 5 points and the low score earns .25 points</i></p>	5 – staff will calculate
<p>3. Increase in earned income. (System Performance Measure) Proposed percentage of clients served in the project to meet this outcome.  <i>Scoring methodology: 5 points prorated for the highest percentage of project participants increasing employment income at annual assessment and exit. Highest rate of income growth for participants at annual assessment and exit earns full points. Ex: If 100% of individuals is the highest rate and the lowest rate is 5%, the high score earns 5 points and the low score earns .25 points</i></p>	5 – staff will calculate
<p>4. Increase in non-employment income. (System Performance Measure) Proposed percentage of clients served in project to meet this outcome.  <i>Scoring methodology: 3 points prorated for the highest percentage of project participants increasing other income at annual assessment and exit. Highest rate of other income growth for participants at annual assessment and exit earns full points. Ex: If 100% of individuals is the highest rate and the lowest rate is 5%, the high score earns 5 points and the low score earns .25 points</i></p>	5 – staff will calculate
<p>5. Maximizing the use of mainstream resources: Agency plan and commitment to a specific plan for assisting eligible participants with mainstream health, social, and employment programs. Proposed percentage of clients served in project to meet this outcome.  <i>Scoring methodology: 4 points prorated for a commitment of up to 100% of participants linked to mainstream resources in new PSH projects. (A 75% commitment earns 3 points; a 50% commitment earns 2 points; a 25% commitment earns 1 point; a 10% commitment earns .5 point; a 100% commitment earns 4 points.)</i></p>	4 - staff will calculate
<p>6. Housing First approach and Coordinated Entry: A HF approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need our help the most. Extent to which narrative reflects how the agency is working to implement a Housing First approach.  <i>Scoring methodology: Please see the local questionnaires on Housing First. Reviews will award 0.5 points for each item effectively addressed for 10 questions. 5 points awarded for agency narrative in supplemental questionnaire that includes specific information on accepting new clients, exiting clients, lack of preconditions to entry, reducing barriers, and addressing situations where housing is jeopardized and compliance with Coordinated Entry. 5 points awarded based on score from HUD's Housing First Assessment Tool.</i></p>	10

7. Improving Assistance for LGBTQ+ Individuals: Addressing the service needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in agency planning process, employment, and agency anti-discrimination policies. <i>Scoring Methodology:</i> Full points for addressing service needs, hiring practices, and having an agency anti-discrimination policy; Half points for addressing the needs, but do not have an anti-discrimination policy; and zero points for no action/work pertaining to meeting the needs of this population.	2
8. Racial Equity: Emphasizing system and program changes to address racial equity using proven approaches and partnership with racially diverse stakeholders who have experience serving underserved populations. Extent to which narrative reflects how agency is working to eliminate barriers to improve racial equity and to address disparities. Such as: review procedures, and processes with attention to identifying barriers that result in racial disparities, and taking steps to eliminate barriers to improve racial equity and to address disparities. <i>Scoring Methodology:</i> Full points for reviewing data and implementing a plan to address these needs as an agency; half points for reviewing the data without implementing a plan; and zero points for no action/work completed to address racial inequities in the agencies programming.	2
9. Persons with lived Experience: Incorporating Persons with lived experience or those who have formerly experienced homelessness in program planning, policy development, employment, decision making bodies, etc. <i>Scoring Methodology:</i> Full points for the inclusion of those with lived experience on decision making bodies and with employment opportunities at the organization; half points for only meeting one of the two options for full points; and zero points for no participation from those with lived experience.	2
<b>Measurement</b>	<b>Possible points</b>
<b>Project Design &amp; Description</b>	<b>21</b>
9. <b>Narrative</b> is understandable; project design reflects experience of applicant in working with proposed population; applicant understands client needs, type and scale and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible. <b>*Domestic violence projects will be evaluated based on the degree they improve safety for the population they serve and employ trauma-informed victim centered approaches to service delivery.</b>	10
9a. <b>Bonus:</b> Coordination with Housing and Healthcare (create new projects that coordinate with housing providers and substance use/ healthcare organizations to provide permanent supportive housing and rapid rehousing services) <i>Scoring methodology: 3 points ( 2 points provided to new projects that have identified partnerships Healthcare organizations or housing providers to provide supportive services/subsidies; 4 points for new projects that have a written commitment from a health care organization or housing provider that services or subsidies are being provided that is equivalent to 25% of the funding being requested; 5 points new projects that will receive subsidized housing units for at least 25% of the units for PSH and 25% of individuals served in RRH not funded through the CoC or ESG Programs or partnered with a written commitment of 25% services from healthcare organizations).</i>	5
10. <b>Project readiness:</b> Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution). Extent to which narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)	6
<b>Measurement</b>	<b>Possible Points</b>

<b>Budget &amp; Cost Effectiveness</b>	<b>15</b>
<p><b>11. Budget:</b> up to 6 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line item narratives document how CoC funds requested are essential to helping people become permanently housed. Cash match is adequate, from appropriate sources, and accurately calculated.</p> <p><i>A 2-point bonus is available for projects that demonstrate at least 10% of services funding from other "mainstream" federal programs as possible in narratives and budget section, e.g., Medi-Cal funding of services.</i></p>	5
<p><b>12. Cost Effectiveness:</b> Total Project Budget (including estimated match) ÷ number projected to achieve housing performance measures defined in the project application.</p> <p><i>Scoring methodology: 5 prorated points; lowest cost per successful projected housing outcome earns full points. The difference between the highest and lowest cost per successful outcome is spread over the 5 points to create a deduction factor per added dollar cost. (If the lowest cost per successful outcome is \$100 and the highest is \$200, the \$100 difference is spread over 5 points to create a .05-point factor to be deducted per added dollar. The \$100/outcome project receives 5 points; the \$200/outcome project receives 0 points; a \$135 per outcome project receives a deduction of 1.75 points and a score of 3.25.)</i></p>	5 - staff will calculate
<p><b>13. Financial Audit and Health:</b> <i>Scoring based on most recent audit including identification of agency as "low risk", number (if any) of findings, documented match, etc. 5 points = no findings, timely audit, documented match, 3 points = 1 finding in past 3 years, inaccurate/inconsistent match; 0-1 points = multiple findings, late audit, etc.</i></p>	5 – staff will calculate
<b>Measurement</b>	<b>Possible Points</b>
<b>Organizational Capacity &amp; Local Priorities</b>	<b>24</b>
<p><b>14. Organizational capacity and experience:</b> Relevant experience of the project applicant and partners, as described in the e-snaps submission and via review of CoC and Supplemental Application.</p>	5
<p><b>15. Local Priorities:</b> Alignment with 10-year plan goals. 1 point for each goal this is in the project: 1) Evidence of project's collaborations with corrections partners 2) Evidence of SSI/SSDI Outreach Access &amp; Recovery (SOAR) benefits advocacy 3) Evidence of current practices to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) and 4) Alignment with Upstream Investments and evidence-based practices.</p>	4
<p><b>16. Demonstrated capacity managing CoC awards:</b></p> <p><i>Scores will be drawn from the 2022 CoC Project Evaluations, or for new applicants, from the 2022 Supplemental Questionnaire; cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions.</i></p>	5 -staff will calculate

<p><b>17.HMIS data quality, timeliness and coverage of all programs serving homeless:</b> There are 3 criteria:</p> <ol style="list-style-type: none"> <li>1) Universal Data Elements (Name, SSN, DOB, gender, race &amp; ethnicity) are at least 95% complete;</li> <li>2) Assessment data is entered in HMIS 5 days or less after assessments are administered;</li> <li>3) Data Validation Reports from HMIS are clean</li> </ol> <p>Full points for meeting all 3 criteria; pro-rated points for missing one or more criteria</p> <p><b>**For Victim Services providers, this will be measured by analysis of data quality submitted by victim services providers that does not contain identifying information.</b></p>	<p>10 -staff will calculate</p>
<b>Total</b>	<b>100</b>

# Attachment 1E-2a

## Scored Forms for One Project

1. One PSH Renewal Project scored-Committee on the Shelterless (COTS) Pages 1-3
2. Renewal Scoring for the 2022 CoC Competition Pages 4-6

### Renewal Project Scored

Applicant	COTS
Project	Community Based PSH
<b>APR Term Reviewed Component</b>	2020-2021 PSH
<b>2020-2021 Award</b>	\$ 275,994
<b>Total spent including match</b>	\$ 287,006
<b>Cost per PSH Outcome (Stable housing)</b>	\$ 16,883
<b>APR Operating Year End Date</b>	02/28/21
<b>TOTAL SCORE</b>	<b>79.70</b>
<b>PERFORMANCE TOTAL</b>	<b>40.70</b>
<b>AGENCY MANAGEMENT &amp; CAPACITY TOTAL</b>	<b>39.00</b>
<b>Q2 Total Beds</b>	18
<b>Q5a Total Served</b>	20
<b>Q5a Adults Served</b>	20
<b>Q5a Stayers</b>	17
<b>Q5a Leavers</b>	3
<b>1a. PSH Housing Outcome: % of leavers and stayers stably housed at YE</b>	
<b>Q23c Exits Perm</b>	0
<b>Subtotal</b>	0
<b>% Stably Housed</b>	85%
<b>Points (89% = 5pts)</b>	4.78
<b>1b. CH-dedicated beds</b>	
<b>Q26b CH Served</b>	20
<b>% CH-dedicated</b>	100%
<b>Points (100% = 5 pts)</b>	5.00
<b>1.c. Cost Per PSH Housing Outcome</b>	
<b>Cost per PSH Outcome (Stable housing)</b>	2.00
<b>Q17 Earned Income @ Exit</b>	0
<b>Q5a Adult leavers total</b>	3
<b>% exiting with Earned Income</b>	0%
<b>Points (100% = 5 pts)</b>	0.00

Total score/100

<b>3b1. % increasing income from employment</b>	
<b>Q19a1+2 Earned Inc. Retained &amp; Increased</b>	2
<b>Q19 1+2 Earned Inc. Did Not Have &amp; Gained</b>	0
<b>% Increasing</b>	10%
<b>Points (100% = 5 pts)</b>	0.50
<b>3b2. % increasing income from other sources</b>	
<b>Q19a1+2 Other Income Retained &amp; Increased</b>	12
<b>Q19 1+2 Other Income Did not have &amp; gained</b>	2
<b>% increasing</b>	70%
<b>Points (100% = 5 pts)</b>	3.50
<b>4. % accessing Mainstream Resources</b>	
<b>Q20b2 No sources stayers</b>	13
<b>Q20b2 No sources leavers</b>	2
<b>Subtotal No sources</b>	15
<b>% accessing Mainstream Resources</b>	25%
<b>Points (100% = 5 pts)</b>	1.25
<b>5. Year-End Utilization</b>	
<b>Q2 and 5a Bed Utilization, stayers ÷ total beds</b>	94%
<b>Points (100% = 5 pts)</b>	4.72
<b>6. Housing First Practice - checklist and narrative (10 pts)</b>	9.45
<b>7. Collaboration with Coordinated Entry (6 pts)</b>	6
<b>Local priorities</b>	
<b>Corrections collab. (1)</b>	1
<b>Prioritize CH/vulnerable (1)</b>	1
<b>SOAR advocacy (1)</b>	0.5
<b>Upstream/Health Action alignment (1)</b>	1
<b>Subtotal</b>	3.5
<b>Total Local Priorities Points</b>	3.5
<b>Financial/Audit:</b>	

<b>Financial/Audit: process, timeliness; findings/management letter, overall fiscal health (Up to 5 pts)</b>	5
<b><i>Contract administration:</i></b>	
<b>CoC APR Review</b>	
<b>accuracy &amp; timeliness of reporting (Up to 5 pts)</b>	5
<b>Spend-down/match- (row 6 total expended on APR including match/total HUD award plus match) (Up to 5 pts)</b>	5
<b>Cultural Competency and Client Feedback process (5 points)</b>	4.5
<b>Data-informed</b> program research; use of HMIS & other local data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals <b>(Up to 5 points)</b>	5
<b>Change Management &amp; Institutionalization of Knowledge:</b> Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place. <b>(Up to 5 pts)</b>	4.5
<b>High data quality, timeliness and coverage of all programs serving homeless (up to 10 pts)</b>	10
<b>CoC Coordinator Comment</b>	

### Scoring for the 2022 CoC Competition – Renewal Projects

#### Project Performance Measurement and Local Priorities (Subject to Revision by CoC Competition Evaluation Committee)

Performance Measurement	Scoring Methodology	Points	Scoring Key
<b>1. Housing performance</b>			
<b>1a. PSH Housing Outcome:</b> % of leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher.	5	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pts
<b>1b. % of PSH beds dedicated to chronically homeless people. RRH prioritizing Chronic Homeless</b>	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds.	5	Pro-rated by % CH dedication Ex: 100% = 5 pts 50% = 2.5 pts
<b>1c. Cost Per PSH/RRH Outcome</b>	Measured by total project expenditures (project expenditures + match) ÷ total number of successful stable housing outcomes (Retention of or Placement into PSH/RRH)	5	Less than \$5,000 per outcome = 5 points \$5,000 - \$9,999 = 4 points \$10,000 - \$14,999 = 3 points \$15,000 - \$19,999 = 2 points \$20,000 = 1 point
<b>2. Income performance</b>			
<b>3a. Clients exiting with earned income</b> (HUD System Performance Measure 4)	From APR Q17 Cash Income sources - leavers, number of adults with Earned Income ÷ Q5a. total number of adults.	5	Pro-rated by % exiting with earned income Ex: 100% = 5 pts 50% = 2.5 pts
<b>3b1. % who increased income from employment from program entry to exit</b> (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults	5	Pro-rated by % exiting w/ increased income Ex: 100% = 5 pts; 50% = 2.5 pts
<b>3b2. % who increased income from sources other than employment</b> (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults	5	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts
<b>4. Mainstream resources:</b> % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults.	5	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts
<b>5. Year-end Utilization</b>	From APR Q2 & 5a stayers/total beds, prorated up to 5 points.	5	Pro-rated by % #of beds utilized

Performance Measurement	Scoring Methodology	Points	Scoring Key
			Ex: 100% = 5pts; 50% = 2.5 pts
6. Housing First Practice and Implementation	Full points awarded for compliance with responses to Housing First Questionnaire and Fidelity Tool	10	.5 pts awarded per question (10 total questions); 5 pts for Housing First Fidelity Tool
7. Collaboration with Coordinated Entry	Percentage of accepted eligible referrals from Coordinated Entry  (HMIS Coordinator will review)	6	6 pts – 100% of referrals accepted 4 pts- 80-89% of referrals accepted 2 pts – 70-79% of referrals accepted 0 pt – Less than 70% accepted referrals
Local Priorities			
1. Alignment with 10-year plan goals	1 point for each goal that is a focus of the project, up to 4 points. Goals include (options a-d below):	4	Full pts for detailed examples of collaboration in each component. Project monitoring questionnaire question 12
a. Evidence of Project’s collaborations with corrections partners  b. Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy.  c. Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners)  d. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases			
Total Points for Performance/Local Priorities		60	

### Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
<b>Financial/Audit:</b> process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/SCCDC Accounting staff/Agency Monitoring Questionnaire	5	4-5 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
<b>Contract administration:</b> CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Coordinator and Senior Community Development Specialist	5	5 pts: timely submission & no inaccuracy of reporting 3-4 pts: 2-3 errors in submission 0-2 pts: late submission 3+ errors

Performance Measurement	Scoring Methodology	Points	Scoring Key
Spend down of funds/match	Review of APR by CoC Coordinator	5	5 pts: full spenddown 4pts: 85-99% spend 3 pts: 75-84% spend 2 pts: 65-74% 0-1pts: < 65%
Cultural Competency and Client/lived experience Feedback Process	Review of cultural competency questionnaire & Project Monitoring Questionnaire	5	Full pts for having a client advisory board, full explanation on procedures, all forms submitted
Data-informed program research; use of HMIS & other local data to guide program development & delivery (including efforts made to address racial equity). Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals	Project & Agency Monitoring Questionnaire responses	5	Full pts for complete description of data informed practices
Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	Project & Agency Monitoring Questionnaire responses	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated pts for lack of formal procedures  There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Assessment data is entered in HMIS 5 days or less after assessments are administered; 3) Data Validation Reports from HMIS are clean  1. Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
High data quality and timeliness of assessments.	HMIS Coordinator analysis & report	10	
Total Agency & Management Capacity points		40	
Total Possible Points		100	

## **Attachment 1E-5 a**

### **Projects Accepted – Public Posting**

Noticed/posted 9/9/2022

1. Evidence of 15 day notification prior to HUD's FY 2022 CoC Program Application email notices to individual organizations (page 1-20)
  - a. YWCA Sonoma County Project Accepted
  - b. West County Community Services Project Accepted
  - c. Society of St. Vincent de Paul Sonoma County Project Accepted
  - d. Sonoma County Community Development Commission Projects Accepted
  - e. Social Advocates for Youth Project Accepted
  - f. Reach for Home Project Accepted
  - g. Community Support Network Projects Accepted
  - h. Committee on the Shelterless Project Accepted
  - i. Catholic Charities of the Diocese of Santa Rosa Project Accepted
  - j. Buckelew Programs Projects Accepted
2. CoC Website Posting Pages Projects Accepted 21-23 (3 screenshots to capture full website posting)

**From:** [Karissa White](#)  
**To:** [moconnell@ywcasc.org](mailto:moconnell@ywcasc.org); [Julie Lafranchi](#); [Jessica Provost](#)  
**Cc:** [Michael Gause](#); [Araceli Rivera](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- YWCA  
**Date:** Friday, September 9, 2022 12:46:00 PM  
**Attachments:** [Final Project Scores for All Projects..pdf](#)  
[image001.png](#)  
[YWCA 2022 Notice of Project Acceptance.pdf](#)

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Madeleine Keegan O'Connell

YWCA Sonoma County  
811 Third Street  
Santa Rosa, CA 95404

Dear Madeleine and YWCA Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- YWCA RRH for Vulnerable Survivors of DV Project (Renewal) in the amount of \$260,040.00

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- YWCA RRH for Vulnerable Survivors of DV Project (Renewal): #8 on the Priority Listing

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



Looking to access homeless resources in Sonoma county? Please click [here](#).

Sonoma County CoC Information, click [here](#).

[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [Tim Miller](#); [Dannielle Danforth](#); [Dave France](#)  
**Cc:** [Araceli Rivera](#); [Michael Gause](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- West County Community Services  
**Date:** Friday, September 9, 2022 12:40:00 PM  
**Attachments:** [Final Project Scores for All Projects..pdf](#)  
[image001.png](#)  
[WCCS 2022 Notice of Project Acceptance Mill Street .pdf](#)

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Tim Miller

West County Community Services  
16390 Main Street  
Guerneville, CA 95446

Dear Tim and West County Community Services Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- Mill Street Supportive Housing Project (Renewal) in the amount of \$97,842.00

I am writing to confirm that this project has been accepted at its full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Mill Street Supportive Housing Project (Renewal): #5 on the Priority List

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



Looking to access homeless resources in Sonoma county? Please click [here](#).  
Sonoma County CoC Information, click [here](#).  
[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [Jack Tibbets](#); [Helen Vohontseff](#); [Uriel Brena](#)  
**Cc:** [Michael Gause](#); [Araceli Rivera](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- St Vincent de Paul  
**Date:** Friday, September 9, 2022 12:35:00 PM  
**Attachments:** [Final Project Scores for All Projects..pdf](#)  
[image001.png](#)  
[SVDP 2022 Notice of Project Acceptance.pdf](#)

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Jack Tibbets

Society of St. Vincent de Paul Sonoma County  
5761 Redwood Drive  
Rohnert Park, CA 94928

Dear Jack and St. Vincent de Paul Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- St. Vincent de Paul Commons PSH Project (Renewal) in the amount of \$303,360.00

I am writing to confirm that the project has been **accepted** at its full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- St. Vincent de Paul Commons Project (Renewal): **#12 on the Priority Listing**

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



Looking to access homeless resources in Sonoma county? Please click [here](#).

Sonoma County CoC Information, click [here](#).

[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [Dave Kiff](#); [Martha Cheever](#); [Michael Gause](#); [Dot Iriks](#)  
**Cc:** [Araceli Rivera](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance-Sonoma County Community Development Commission  
**Date:** Friday, September 9, 2022 10:55:00 AM  
**Attachments:** [CoC Final Priority Listing FY 2022.pdf](#)  
[image001.png](#)  
[SCCDC 2022 Notice of Project Acceptance.pdf](#)

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Dave Kiff

Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403

Dear Dave and Sonoma County Community Development Commission Staff-

Thank you for submitting the following renewal/new applications in the FY 2022 CoC Competition:

- Coordinated Intake Expansion Project (Renewal) in the amount of \$349,991.00
- Homeless Management Information System Expansion Project (Renewal) in the amount of \$327,157.00
- Coordinated Intake Expansion 2022 Project (New) in the amount of \$200,002.00
- Renewal Rental Assistance- Persons with HIV and AIDS Project (Renewal) in the amount of \$655,414.00
- Renewal Rental Assistance- Youth with Disabilities Project (Renewal) in the amount of \$80,666.00

I am writing to confirm that these projects have been **accepted** at their full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Coordinated Intake Expansion Project (Renewal): #10 on the Priority List
- Homeless Management Information System Expansion Project (Renewal): # 11 on the Priority List
- Coordinated Intake Expansion 2022 Project (New): #15 on the Priority List
- Renewal Rental Assistance- Persons with HIV and AIDS Project (Renewal): #7 on the Priority List
- Renewal Rental Assistance- Youth with Disabilities Project (Renewal): # 4 on the Priority List

The new Coordinated Intake Expansion 2022 project has been accepted for funding through the CoC Bonus and is located in tier 2, thus funding is not guaranteed.

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



Looking to access homeless resources in Sonoma county? Please click [here](#).  
Sonoma County CoC Information, click [here](#).  
[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [anita maldonado](#); ["Elizabeth Goldman"](#); [Dennis Agnos](#)  
**Cc:** [Michael Gause](#); [Araceli Rivera](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- Social Advocates for Youth  
**Date:** Friday, September 9, 2022 12:29:00 PM  
**Attachments:** [Final Project Scores for All Projects..pdf](#)  
[image001.png](#)  
[SAY 2022 Notice of Project Acceptance.pdf](#)

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Anita Maldonado

Social Advocates for Youth  
2447 Summerfield Road  
Santa Rosa, CA 95405

Dear Anita and Social Advocates for Youth Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- SAY Sponsor Based Rental Assistance Project (renewal) in the amount of \$305,329.00

I am writing to confirm that the project has been **accepted** at its full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- SAY Sponsor Based Rental Assistance Project (Renewal) : **#2 on the Priority Listing**

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



Looking to access homeless resources in Sonoma county? Please click [here](#).

Sonoma County CoC Information, click [here](#).

[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [margaret RFH](#); [Rangel, Ana](#); [Lisa Fatu](#)  
**Cc:** [Michael Gause](#); [Araceli Rivera](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- Reach For Home  
**Date:** Friday, September 9, 2022 12:14:00 PM  
**Attachments:** [Final Project Scores for All Projects..pdf](#)  
[image001.png](#)  
[RFH 2022 Notice of Project Acceptance.pdf](#)

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Margaret Sluyk

Reach for Home  
443 Hudson Street  
Healdsburg, CA 95448

Dear Margaret and Reach for Home Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- Reach for Home North County RRH Project (Renewal) in the amount of \$87,931.00

I am writing to confirm that the project has been **accepted** at its full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Reach for Home North County RRH Project (Renewal): **#16 on the Priority Listing**

Although this project has been accepted and recommended for funding, the **project ranked last in tier 2, thus the project is considered at-risk.**

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



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Sonoma County CoC Information, click [here](#).

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**From:** [Karissa White](#)  
**To:** [Tom Bieri](#); [pam@csn-mh.com](mailto:pam@csn-mh.com); [Zachary Rosemoore](#)  
**Cc:** [Araceli Rivera](#); [Michael Gause](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- Community Support Network  
**Date:** Friday, September 9, 2022 12:06:00 PM  
**Attachments:** [CSN 2022 Notice of Project Acceptance.pdf](#)  
[image001.png](#)  
[Final Project Scores for All Projects..pdf](#)

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Tom Bieri

Community Support Network  
1410 Guerneville Road #14  
Santa Rosa, CA 95403

Dear Tom and Community Support Network Staff,

Thank you for submitting the following renewal applications in the FY 2022 CoC Competition:

- Stony Point Commons Project (Renewal): in the amount of \$59,334.00
- Sanctuary Villas Project (Renewal): in the amount of \$62,554.00

I am writing to confirm that these projects have been **accepted** at their full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Stony Point Commons Project (Renewal): #13 on the Priority List
- Sanctuary Villas Project (Renewal): #14 on the Priority List

While both projects have been accepted for funding, they are currently placed in tier 2, thus both projects are potentially at-risk. Stony Point Commons Project is straddling tier 1 and tier 2, with a total of \$51,646 in funding in tier 2 and a total of \$7,688 in tier 1.

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road

Santa Rosa, CA 95403  
707-565-1884



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[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [Chuck Fernandez](#); [Jules Pelican](#); [Shannon Wiseman](#); [Julia Gaines](#)  
**Cc:** [Michael Gause](#); [Araceli Rivera](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- Committee on the Shelterless (COTS)  
**Date:** Friday, September 9, 2022 11:53:00 AM  
**Attachments:** [CoC Final Priority Listing FY 2022.pdf](#)  
[image001.png](#)  
[COTS 2022 Notice of Project Acceptance.pdf](#)

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Chuck Fernandez

Committee on the Shelterless

P.O. Box 2744

Petaluma, CA 94953

Dear Chuck and COTS Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- Community Based Permanent Supportive Housing Project in the amount of \$292,843.00

I am writing to confirm that the project has been **accepted** at its full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Community Based Permanent Supportive Housing Project (Renewal): **#1 on the Priority Listing**

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness

Sonoma County Community Development Commission

1440 Guerneville Road

Santa Rosa, CA 95403

707-565-1884



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Sonoma County CoC Information, click [here](#).

[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [Len Marabella](#); [Jennielynn Holmes](#); [pswan@srcharities.org](mailto:pswan@srcharities.org); [Dan Madden](#); [Matthew Verscheure](#); [Amy Jolly](#); [LaSette Sewell](#); "Patti Cunningham"  
**Cc:** [Araceli Rivera](#); [Michael Gause](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- Catholic Charities  
**Date:** Friday, September 9, 2022 9:52:00 AM  
**Attachments:** [CoC Final Priority Listing FY 2022.pdf](#)  
[image001.png](#)  
[CCDSR 2022 Notice of Project Acceptance.pdf](#)

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Len Marabella and Jennielynn Holmes

Catholic Charities of the Diocese of Santa Rosa  
987 Airway Court  
Santa Rosa, CA 95403

Dear Len, Jennielynn and Catholic Charities Staff,

Thank you for submitting the following renewal application in the FY 2022 CoC Competition:

- Catholic Charities Permanent Supportive Housing Santa Rosa 2 (Renewal) in the amount of \$784,961.00

I am writing to confirm that this project has been **accepted** in the full amount, and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Catholic Charities Permanent Supportive Housing Santa Rosa 2 (Renewal): **#9 on the Priority List**

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



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Sonoma County CoC Information, click [here](#).

[Calendar](#) of upcoming CoC Events.

**From:** [Karissa White](#)  
**To:** [Chris Kughn](#); [erikak@bucklelew.org](mailto:erikak@bucklelew.org); [carolynd@bucklelew.org](mailto:carolynd@bucklelew.org); [Kathy Sparrow](#); [Connie Mann](#); [Burke, Jamie](#)  
**Cc:** [Araceli Rivera](#); [Michael Gause](#)  
**Subject:** 2022 Sonoma County Continuum of Care Notice of CoC Project Acceptance- Buckelew  
**Date:** Friday, September 9, 2022 9:36:00 AM  
**Attachments:** [image001.png](#)  
[Bucklelew 2022 Notice of Project Acceptance.pdf](#)  
[CoC Final Priority Listing FY 2022.pdf](#)

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Chris Kughn  
Bucklelew Programs  
555 Northgate Drive, Suite 200  
San Rafael, CA 94903

Dear Chris and Buckelew Staff,

Thank you for submitting the following renewal applications in the FY 2022 CoC Competition:

- Samaritan FACT in the amount of \$108,926.00
- Sonoma SCIL in the amount of \$266,270.00

I am writing to confirm that these projects have been **accepted** at their full amount and ranked on the FY 2022 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Samaritan FACT : **#6 on the Priority Listing**
- Sonoma SCIL: **#3 on the Priority Listing**

For a full priority listing of all projects scored within the local FY 2022 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Please feel free to contact me with any questions.

Sincerely,

**Karissa White**

Continuum of Care Coordinator, Ending Homelessness  
Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403  
707-565-1884



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2022 Continuum of Care Competition

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## 2022 Continuum of Care Competition Final Priority Listing

The following projects for the FY 2022 CoC Local Competition for funding were approved for recommendation by the CoC Evaluation Committee on September 1, 2022. The Sonoma County Continuum of Care Board approved the Final Priority Listing on September 7, 2022, which includes Renewal Projects and New Projects.

RANK	ACCEPTED/REJECTED	APPLICANT NAME	PROJECT NAME	TYPE	REQUEST AMOUNT	SCORE
1	Accepted	Committee on the Shelterless	Community Based Permanent Supportive Housing	PSH - Renewal	\$292,843.00	79.7
2	Accepted	Individuals Now dba Social Advocates for Youth	SAY Sponsor-Based Rental Assistance Renewal	PSH - Renewal	\$305,329.00	77.72
3	Accepted	Bucklew Programs	Sonoma SCIL 02.01.22-01.31.23	PSH - Renewal	\$266,270.00	74.01
4	Accepted	Sonoma County Community Development Commission	Renewal Rental Assistance- Youth with Disabilities	PSH - Renewal	\$80,666.00	73.94
5	Accepted	West County Community Services	Mill Street Supportive Services	PSH - Renewal	\$97,842.00	73.87
6	Accepted	Bucklew Programs	Samaritan FACT 02.01.22-01.31.23	PSH - Renewal	\$108,926.00	73.09

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6	Accepted	Bucklew Programs	Samaritan FACT 02.01.22-01.31.23	PSH – Renewal	\$108,926.00	73.09
7	Accepted	Sonoma County Community Development Commission	Renewal Rental Assistance-Persons with HIV/AIDS	PSH – Renewal	\$655,414.00	72.22
8	Accepted	Young Women's Christian Association of Sonoma County	RRH for Vulnerable Survivors of DV	RRH- Renewal	\$260,040.00	71.44
9	Accepted	Catholic Charities of the Diocese of Santa Rosa	Catholic Charities Permanent Supportive Housing Santa Rosa 2	PSH – Renewal	\$784,961.00	71.38
10	Accepted	Sonoma County Community Development Commission	Coordinated Intake Expansion Project	CES/SSQ_ Renewal	\$349,991.00	NA
11	Accepted	Sonoma County Community Development Commission	Homeless Management Information System (HMIS) Expansion	HMIS- Renewal	\$327,157.00	NA
12	Accepted	Society of St. Vincent de Paul Sonoma County	St Vincent de Paul Commons PSH	PSH – Renewal	\$303,360.00	NA

ons/homeless-services/continuum-of-care/2022-continuum-of-care-competition						
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13	Accepted	Community Support Network	Stony Point Commons	PSH – Renewal	\$59,334.00	70.22
14	Accepted	Community Support Network	Sanctuary Villas	PSH- Renewal	\$62,554.00	68.95
15	Accepted	Sonoma County Community Development Commission	Coordinated Intake Expansion 2022	CES/SSO- New	\$200,002.00	61.88
16	Accepted	Reach for Home	Reach for Home North County RRH FY2021	RRH- Renewal	\$87,931.00	38.55
Not Ranked	Accepted	Sonoma County Community Development Commission	CoC Planning Project Application FY 2022	Planning- Renewal	\$121,279.00	NA

## Notes

### Projects not rated

- St Vincent de Paul Commons was not scored due to the project being new. They have not received their contract from HUD, and therefore, did not have an Annual Performance Report to Score.
- Sonoma County Community Development Commission's Coordinated Entry Expansion Project and Homeless Management Information System (HMIS) Expansion Project are mandated projects for the Sonoma County Continuum of Care. Because these are mandated activities, these projects were not scored as part of the evaluation process.
- Project 15 is the only new project, and was ranked in order or priority by score.

### Tier 1 and Tier 2

- Project 13 has a total of \$51,646 in funding in tier 2 and a total of \$7,688 in tier 1.
- Projects 14, 15, and 16 are placed completely in tier 2.

### Projects Not Ranked

- The CoC Planning Project Application FY 2022 grant is not a project required to be ranked in this competition for funding.

## **Attachment 1E-5b**

### **Final Project Scores for All Projects**

1. 2022 Continuum of Care Competition Final Priority  
Listing Pages 1-2

## 2022 Continuum of Care Competition

### Final Priority Listing

The following projects for the FY 2022 CoC Local Competition for funding were approved for recommendation by the CoC Evaluation Committee on September 1, 2022. The Sonoma County Continuum of Care Board approved the Final Priority Listing on September 7, 2022, which includes Renewal Projects and one New projects which applied for CoC Bonus Funding.

Rank	Accepted /rejected	Applicant Name	Project Name	Type	Request Amount	Score
1	Accepted	Committee on the Shelterless	Community Based Permanent Supportive Housing	PSH - Renewal	\$292,843.00	79.7
2	Accepted	Individuals Now dba Social Advocates for Youth	SAY Sponsor-Based Rental Assistance Renewal	PSH - Renewal	\$305,329.00	77.72
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5	Accepted	West County Community Services	Mill Street Supportive Services	PSH – Renewal	\$97,842.00	73.87
6	Accepted	Buckelew Programs	Samaritan FACT 02.01.22-01.31.23	PSH – Renewal	\$108,926.00	73.09
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10	Accepted	Sonoma County Community Development Commission	Coordinated Intake Expansion Project	CES/SSO – Renewal	\$349,991.00	NA
11	Accepted	Sonoma County Community Development Commission	Homeless Management Information System (HMIS) Expansion	HMIS- Renewal	\$327,157.00	NA
12	Accepted	Society of St. Vincent de Paul Sonoma County	St Vincent de Paul Commons PSH	PSH – Renewal	\$303,360.00	NA

13	Accepted	Community Support Network	Stony Point Commons	PSH – Renewal	\$59,334.00	70.22
14	Accepted	Community Support Network	Sanctuary Villas	PSH- Renewal	\$62,554.00	68.95
15	Accepted	Sonoma County Community Development Commission	Coordinated Intake Expansion 2022	CES/SSO - New	\$200,002.00	61.88
16	Accepted	Reach for Home	Reach for Home North County RRH FY2021	RRH- Renewal	\$87,931.00	38.55
Not Ranked	Accepted	Sonoma County Community Development Commission	CoC Planning Project Application FY 2022	Planning- Renewal	\$121,279.00	NA

## Notes

### Projects not rated

- St Vincent de Paul Commons was not scored due to the project being new. They have not received their contract from HUD, and therefore, did not have an Annual Performance Report to Score.
- Sonoma County Community Development Commission's Coordinated Entry Expansion Project and Homeless Management Information System (HMIS) Expansion Project are mandated projects for the Sonoma County Continuum of Care. Because these are mandated activities, these projects were not scored as part of the evaluation process.
- Project 15 is the only new project, and was ranked in order or priority by score.

### Tier 1 and Tier 2

- Project 13 has a total of \$51,646 in funding in tier 2 and a total of \$7,688 in tier 1.
- Projects 14, 15, and 16 are placed completely in tier 2.

### Projects Not Ranked

- The CoC Planning Project Application FY 2022 grant is not a project required to be ranked in this competition for funding.